THE SOCIAL LEGITIMIZATION OF CHILDREN IN SURINAME SOCIETY: AN
ETHNOGRAPHIC ACCOUNT OF PREGNANCY AND CHILDBIRTH AMONG THE
CREOLE IN GREATER PARAMARIBO

By

MARK L. STAKER

To my Father and Mother
who have a great deal of experience with childbirth and the
responsibilities of paternity and maternity

ACKNOWLEDGEMENTS

University of Florida Goggin Award contributed towards the travel expenses during research.

Most of all I am indebted to the women and men in Suriname who graciously shared their experiences and knowledge. Many of them are sincere friends and association with them will always be a fond memory.

TABLE OF CONTENTS

vi

LIST OF TABLES

THE SOCIAL LEGITIMIZATION OF CHILDREN IN SURINAME SOCIETY: AN
ETHNOGRAPHIC ACCOUNT OF PREGNANCY AND CHILDBIRTH AMONG THE
CREOLE IN GREATER PARAMARIBO

By

Mark L. Staker

December 1992

Chair: Brian M. du Toit
Major Department: Anthropology

A review of the concept of legitimacy as developed and
used in anthropology is followed by an analysis of research
on the Caribbean family system and the view of scholars on
legitimacy within this system. The view of some Caribbean
scholars that there is no concept of legitimacy in the lower
levels of Caribbean society is critiqued.

Based on previous definitions of legitimacy and
exceptions to those definitions, a more encompassing view of
legitimacy is presented. This view defines children as
legitimate if they are born into a socially approved union
and receive public acknowledgement of paternity by their
father. In the context of an attempt to shed light on these
two concepts, an ethnographic account of pregnancy and
childbirth within the Creole population of greater
Paramaribo, Suriname, is presented.

For the Creole it is concluded that a relationship has
social approval if it is open and public. Although paternity
can be acknowledged by publicly legitimizing a child through

legal registration, it can also be done in rituals and other types of behavior. One of the most important ways of indicating paternity is participation in ritual healing for a pregnant woman and her child of an illness called *fyo-fyo*. Another is experiencing couvade-like symptoms known as *yepi* or "helping" during the pregnancy or delivery. This evidence indicates legitimacy is common within Creole society, and some of the responses to illegitimacy within this context are considered.

Based on these findings, it is important for anthropologists to examine accepted definitions of "legitimacy" and "illegitimacy." Legitimacy implies that a child is born into a union that is socially approved and it receives public acknowledgement of paternity.

CHAPTER 1
LEGITIMACY: ISSUES AND QUESTIONS

The Principle of Legitimacy

Early in this century Malinowski developed a concept he labeled the "principle of legitimacy." He argued that

> In all human societies . . . there is universally found what might be called the rule of legitimacy. By this I mean that in all human societies a girl is bidden to be married before she becomes pregnant. Pregnancy and childbirth on the part of an unmarried young woman are invariably regarded as a disgrace . . . . I know of no single instance in anthropological literature of a community where illegitimate children, that is children of unmarried girls, would enjoy the same social treatment and have the same social status as legitimate ones (Malinowski 1927:187).

In later writings he retained the view that "the main sociological principle embodied in these rules and arrangements is that children should not be produced outside a socially approved contract of marriage" (Malinowski 1929a:6-7). Malinowski (1930) recognized that having a sociological father was central to the concept of legitimacy. He viewed the acknowledgment of a sociological father as critical to parenthood in all societies. "Parenthood, to be normal [i.e. the "norm" or usual practice of a society], must be made legitimate, that is, based on a socially approved, but individual marriage contract" (1929b:407).

1

Malinowski was aware that every child has a biological father and most people recognize this fact.[1] But he saw the concept of a sociological father as equally important although not necessarily connected. "Physiological paternity, the begetting of a child, is not, as a rule, sufficient and may even be irrelevant in determining social fatherhood" (Malinowski 1929b:406). This distinction between a biological and sociological father has been retained by anthropologists in the use of the terms genitor and pater, respectively. The genitor is the biological father of a child. The pater is the legally or socially recognized father of a child that fulfills the duties this role requires in his society. It is the possession of a pater that makes a child legitimate.

According to this perspective, not every child possesses a pater and some are born illegitimate; but illegitimacy is expected to be unacceptable and unusual in all societies. The idea of a child being born without a pater is separate from the concept of a woman getting pregnant without a husband. Malinowski was aware that premarital intercourse can occur in all societies and that in some societies it is institutionalized. But he asserted that "conception is not left to the chance of free intercourse, even where this is allowed, but its necessary condition is marriage" (Malinowski 1929b:406). He argued that children are either not born of these unions because of abortion or other unknown factors or

the resulting offspring prove the fertility of a couple and they marry.[2]

The concept of legitimacy, as described above, has generally been accepted as valid for all societies as indicated in Davis' statement that:

> . . . without this rule there would be no family . . . the legitimacy rule prevails no matter what other conditions prevail. Children may be an asset or a liability, pre-nuptial or extra-nuptial intercourse may be forbidden or sanctioned, still the rule runs that a father is indispensable for the full social status of the child and its mother. Otherwise the child is illegitimate and the mother is disesteemed (1966:79).

Although its validity has not generally been examined, this "universal" concept is occasionally worked into the theories or writings of anthropologists (e.g. Fortes 1969:258-259, Houseman 1988:660).[3] Most anthropologists, however, have generally ignored the concept completely as evidenced by the relative lack of discussion surrounding legitimacy in the literature. Legitimacy has been given indirect consideration in discussions of marriage (a topic that has been given considerable attention) and an examination of the anthropological discussion surrounding marriage will shed further light on the views scholars have expressed concerning the concept of legitimacy.

Marriage

The connection between legitimacy and marriage is evident in the way anthropologists define marriage. The well-known Notes and Queries in Anthropology (1951)

definition is still frequently referred to by anthropologists and Mair (1972:82) calls it a "useful working definition." Notes and Queries (1951:110) published a definition of marriage as "a union between a man and a woman such that children born to the woman are recognized legitimate offspring of both parents."

Upon reflection it is evident that this definition does not apply to every type of marriage. The Nuer institution of woman-marriage-to-a-woman illustrates this point. Evans-Pritchard (1960:108-109) has argued that the legal provisions of this type of union are the same as those for a marriage between a man and a woman. The only difference is that a Nuer in a woman-marriage-to-a-woman will use a proxy male (generally her own husband) to "father" children for her while all of the children born of such unions are strictly under the control of the woman who fills the paternal role. The children call her "father" and she fulfills the role of pater for them. Therefore the part of the Notes and Queries definition that requires both a woman and a man does not apply to all marriages.

Another part of the definition that states marriage is a *union* has previously been called into question by Sarana (1968) who has pointed out that if one considers that the word connotes physical contact it does not apply to some relationships. For example, Nuer ghost marriages to not fit this requirement. A Nuer woman may marry a man who is already dead while another man fulfills the role of genitor.[4]

When children are born they are incorporated into the lineage of the dead man who is their pater. Children born of these relationships are considered legitimate (Evans-Pritchard 1960).

The second half of the Notes and Queries definition, which states if the children of a union are recognized as legitimate the relationship is a marriage, was considered problematic by Leach (1968); but his argument does not hold up. He draws on his knowledge of the practice of polyandry in various societies. He concedes that in some polyandrous societies, such as that of the Britons as described by Caesar, "wives are shared between groups of ten or twelve men, especially between brothers and between fathers and sons; but the offspring of these unions are counted as the children of those to whom the maid was conducted first" (Leach 1968:73; see Fischer 1952 for additional comments on marriage among the ancient Britons). Leach acknowledges that this type of marriage still produces children who are legitimate since, although the genitor may by obscure, the child has a recognized pater. He also concedes that the Todas, another polyandrous society, have a single recognized pater for each child (Leach 1968). Therefore, the only polyandrous society that Leach sees as a real exception to the rule is the Nayar studied by Gough (1952, 1955). Leach, relying on two papers by Gough, stated that the Nayars historically have not had marriage "in the strict sense of the term" (i.e. the Notes and Queries concept of marriage)

but only a "relationship of perpetual affinity" between
linked lineages (Leach 1968:75). Leach also argued that the
Nayar did not have a notion of fatherhood since Nayar
children use a term of address meaning "lord" or "leader" to
all of their mother's lovers irrespective of paternity and
the term does not imply a notion of paternity. Leach does
concede that a notion of affinity is present, however, since
Nayar women were required to observe pollution at their
ritual husband's death. Leach concludes in his paper that
the only marriage characteristic among the Nayar is the
establishment of "a socially significant 'relationship of
affinity' between the husband and his wife's brothers" (Leach
1968:77). Leach expands the definition of marriage to
include ceremonies to establish one of ten specific rights
(one of which is the relationship of affinity mentioned
above) but he claims the list can be expanded further. These
ten rights are:

1. To establish the legal father of a woman's children.
2. To establish the legal mother of a man's children.
3. To give the husband a monopoly in the wife's
   sexuality.
4. To give the wife a monopoly in the husband's
   sexuality.
5. To give the husband partial or monopolistic rights
   to the wife's domestic and other labor services.
6. To give the wife partial or monopolistic rights to
   the husband's labor services.
7. To give the husband partial or total rights over
   property belonging or potentially accruing to the
   wife.
8. To give the wife partial or total rights over
   property belonging or potentially accruing to the
   husband.
9. To establish a joint fund of property--a
   partnership--for the benefit of the children of the
   marriage.

10. To establish a socially significant relationship of
     affinity between the husband and his wife's
     brothers.

Although each of these rights may exist in some
circumstances, only rights one and two on the list can be
considered to occur universally.[5] Number one on the list is
considered universal by Gough, who disputes Leach's assertion
that Nayar polyandry is an exception of the legitimacy
principle.

Gough (1968) describes marriages of Nayar girls as
taking place every few years. A lineage held a grand
ceremony at which all of its girls who had not attained
puberty, about seven to twelve years old, were on one day
ritually married to men drawn from their linked lineages.
After four days of ceremonies the ritual husbands left the
house and had no further obligations to their brides. The
only further obligation a bride had to her ritual husband was
at his death when she and her children, "by whatever
biological father," would observe death-pollution for him
(Gough 1968:55). Death-pollution was a ritual that would
otherwise only be observed for matrilineal kin.

After this ceremony a Nayar girl is then able to take
part in the rites of adult women and she is called by the
respectful title *amma* meaning "mother." Gough reports that
although the ritual husband need have no further contact with
his ritual wife, if both parties were willing, he might enter
into a sexual relationship with his ritual bride about the
time of her puberty. This man did not remain a woman's sole

partner, however, and a woman usually had from three to eight
regular husbands but might receive other men of her own or a
higher caste when desired. Gift giving was an important part
of these relationships and when men no longer gave the
expected gifts it was assumed that they had ended the
relationship.[6] However, "when a woman became pregnant it was
essential for one or more men of appropriate sub-caste to
acknowledge probable paternity" (Gough 1968:57). This was
accomplished by a man, or several men, paying the midwife for
the birth--a duty of the father.[7] Since the Nayar believed
that numerous acts of intercourse were required for the
growth of the fetus, several men could in fact be the
biological father of a Nayar child. The legitimacy and
status of children depended on the status of the "visiting
husbands" who acknowledged paternity, not that of the ritual
husbands (see Sarana 1968:163-164). These men had no other
responsibilities towards the woman or her child. If no man
of a suitable caste would consent to make a gift then the
mother and the child would either be killed or sold into
slavery. If the woman were driven away then her kin would
perform funeral rites as if she had died.

In reference to this mating system Gough says:

> In these circumstances the exact biological
> fatherhood of a child was often uncertain,
> although, of course, paternity was presumed to lie
> with the man or among the men who had paid the
> delivery expenses. But even when biological
> paternity was known with reasonable certainty, the
> genitor had no economic, social, legal, or ritual
> rights in nor obligations to, his children after he
> had once paid the fees of their births. Their

> guardianship, care and discipline were entirely the
> concern of their matrilineal kinsfolk . . . .
> (Gough 1968:58)

Gough concludes "Nayar unions [were] marriage because they
involved the concept of legal paternity." She then defines
marriage in the following manner:

> Marriage is a relationship established between a
> woman and one or more other persons, which provides
> that a child born to the woman under circumstances
> not prohibited by the rules of the relationship, is
> accorded full birth-status rights common to normal
> members of his society or social stratum. (Gough
> 1968:68)[8]

Because the Nayar marriage system has generally been
considered marginal and an important test case, this
definition has important broader implications. These
implications will be considered in the context of the
following discussion of legitimacy.

Legitimacy

In the case of the Nayar, Malinowski's (1929b:407)
assertion that legitimacy is based on a "socially approved,
but individual marriage contract" continues to hold. Part of
the Nayar concern for a man acknowledging paternity is based
on their concern for proper "breeding," although this is not
based on an understanding of genetic inheritance. The Nayar
say that if no one will acknowledge paternity then the father
must be a Christian or a Muslim, or "even worse" a woman has
had sexual relations with a member of her own lineage--an act
of incest. Gough points out that the Nayar fear their
children will inherit poor qualities in such circumstances.

The concept of "higher breeding" in legitimate relationships exists in a number of societies (Teichman 1978:60-61).

But although the discussion surrounding the Nayar case does indicate that legitimacy is inherited by children as a part of all marriages, this does not mean that all children who are legitimate are born into marriages. This can be seen in the case of the Ashanti in West Africa.

> Formally . . . the condition of bastardy is not recognized in Ashanti law and custom. But jural sufficiency does not make the whole person; he must be morally and spiritually complete as well. For this, a freeborn person must have a known, freeborn pater. If he cannot name a father who has acknowledged him, this is tantamount to admitting either slave-paternity or a condition akin to bastardy. (Fortes 1969:196).

For the Ashanti marriage is not a prerequisite for legitimate paternity. However, the genitor must make public acknowledgement of his paternity, notably by exercising his paternal role of naming the child, by supporting the mother during pregnancy, and by giving customary gifts to the mother at the time of delivery. Admitting paternity does not bind the father and child in legal terms but it creates moral and sentimental loyalties, claims, and privileges and these are defined and sanctioned by custom and public opinion (Fortes 1969). Legitimate paternity is also essential as a sign of manhood for the Ashanti. If a man does not have a child to claim after a lengthy marriage, he is considered defective in some way and is prohibited from election to office in the lineage system.[9]

The Ashanti, then, have a concept of legitimacy that can exist separate from marriage. In order for Malinowski's definition of legitimacy to still apply to them it must be restricted to being derived from a "socially approved, but individual . . . contract," with marriage taken out.

If marriage is separated from legitimacy as a concept then it requires a more precise definition of legitimacy since its opposite--illegitimacy--is usually defined as including all children born outside of marriage.[10] An attempt to define illegitimacy in terms of sexual relations is also problematic. Teichman's (1978:53) assertion that "an illegitimate child is one whose existence is the result of an unsanctioned sexual act" overlooks the fact that in many societies if a woman is married all children born to her are considered legitimate and her husband is their pater--even if the genitor is another man from an illicit relationship.[11] Teichman's definition also overlooks many sanctioned sexual acts where the children conceived from the union are considered illegitimate.[12] In fact, the origins of Malinowski's principle of legitimacy lies in his recognition that premarital relationships among the Trobriand Islanders were expected and even encouraged although children born as a result of these unions evidently did not exist and would not have been accepted if they did exist.

The importance of Malinowski's assertion that social approval is essential to legitimacy can be seen in a number of industrial societies. For example, in the United States a

child born in most states is only considered legitimate if born into a marriage, born to a mother who subsequently marries the father, or is adopted after birth (The Guide to American Law 1984). In Great Britain, even when a child is born into a marriage, if the father does not acknowledge the child as his it may be considered illegitimate. Especially if the father's actions and public sentiment do not support the mother's contentions (Teichman 1978). In these situations it is not marriage that is the fundamental component of legitimacy, but public acknowledgement of paternity.

In the Ashanti case legitimacy is created through the public acknowledgement of paternity. This coincides with the Nayar view that paternity needs to be acknowledged for a child to be legitimate. Marriage, or the giving of gifts to the mother, is not important for obtaining legitimacy. It is only when gifts are given to the midwife at birth that legitimacy is conferred on the Nayar child.

It seems then, in an attempt to define legitimacy, that the social approval of a relationship (whether it is considered marriage, as Malinowski believed, or not) is important in conjunction with public acknowledgement of paternity. Keeping this in mind we can now approach a definition of legitimacy.

> A child is legitimate when it receives public acknowledgement of paternity and is born from a union that is socially approved.

This definition separates the concept of legitimacy from that of marriage. Although an attempt to define marriage in terms separate from legitimacy has not been successfully done, such a definition might be approached through a modification of existing definitions to restrict marriage to those relationships that give legitimacy to children without the necessity of public acknowledgement of paternity (i.e. the very nature of the relationship is one in which everyone knows who the pater should be).

Research Questions

Based on the definitions presented, two questions arise: first, how is a relationship outside of legal marriage recognized as having social approval while other nonlegal relationships may not have such approval? Second, how does public acknowledgement of paternity take place and what is accepted as valid proof of paternity?

I will explore these questions in the following chapters in the context of an ethnographic account of the perinatal period for a specific society in the Caribbean--the Creole population in greater Paramaribo, Suriname. Because the history of Suriname is connected historically and culturally to that of other Caribbean societies, research examining the patterns of family life throughout the Caribbean has bearing on our understanding of Surinamese society and so this information will also be considered in a separate chapter.

In the concluding chapter, I will return to the concepts discussed above and especially to Malinowski's characterization of legitimacy and reexamine the issues in light of the data presented.

Why study in the Caribbean?

An examination of a Caribbean society is important in furthering the understanding of illegitimacy. Since some have argued that illegitimacy as a concept does not exist in the Caribbean and others have argued that it exists but is of little concern to those living there, the region is important as a borderline case for testing the construction of legitimacy as presented.

Why study Suriname in particular?

Although the Republic of Suriname has historical and cultural similarities to other Caribbean societies, it is unique in its cultural diversity in the Caribbean due to the importation of a diverse pool of labor (discussed in chapter three). This allows for the examination of the Creole population in Suriname in the context of a wide diversity of beliefs and practices that serve to highlight distinctive beliefs and practices and thereby foster an emic view of Creole society.

Suriname is also distinctive in the Caribbean in that it inherited the Dutch legal system.[13] Dutch law differs from British law (common in much of the Caribbean region) in that

Roman-Dutch law declares that "a mother makes no bastard" or in other words that a child is always legitimate in terms of its mother while British law declares that a child is "filius nullius" or "the child of no one" which means the child does not have claim on either its mother or its father (Teichman 1978). The distinction made within Dutch law separates the issues of maternity and paternity so that paternity can be focused on more precisely.[14]

What in Creole society should be the foci of this study?

The development of the approval of relationships outside of legal marriage and the subsequent paternity of a child are described relying on rituals and activities surrounding birth. Paige and Paige (1981), in their cross-cultural study of 114 non-industrial societies, have argued that ritual is used by fraternal interest groups to gain control over children through asserting paternity. Although the authors do not consider issues of legitimacy directly in their work, they do argue that "legitimacy . . . is determined . . . by social consensus and contractual agreements" (Paige and Paige 1981:167). The authors argue that ritual surrounding reproduction is used by men in societies with loose fraternal organizations to gain the social consensus that a child belongs to the fraternal interest group and, indirectly, is legitimate.

Summary

Malinowski originated the concept of "principle of legitimacy" which is essentially the emphasis of all societies on having legitimate children with the result that illegitimate children are unusual. In his view, it was the possession of a pater that makes a child legitimate. This concept has been accepted as valid by other scholars and is occasionally worked into theories of parenthood. Views of marriage have also revolved around the idea of legitimacy. Marriage has generally been defined as a legitimizing relationship.

The Ashanti have relationships that are not considered marriage and yet a child born in these unions is legitimate as long as someone acknowledges paternity. Such relationships require that the concept of legitimacy be redefined such that:

> A child is legitimate when it receives public acknowledgement of paternity and is born from a union that is socially approved.

Based on the definitions presented, two questions arise: first, how is a relationship outside of legal marriage recognized as having social approval while other non-legal relationships may not have such approval? Second, how does public acknowledgement of paternity take place and what is accepted as valid proof of paternity? These questions are explored in the remainder of this dissertation in the context of the Creole population in Suriname with reference to

Caribbean societies in general. An examination of this region is warranted because of the apparent uniqueness of concepts of legitimacy and illegitimacy in the Caribbean. Doing research in Suriname allows for the examination of a population that in some ways has hightend cultural awareness because of the ethnic diversity in the capital. Since the events surrounding the conception and birth of children and the period shortly after the birth all seem to be important in determining issues of paternity, these events will be specifically focused on in the discussion of the Suriname family.

---

[1]The Trobriand Islanders that Malinowski studied were one of the two known groups where a biological father was not recognized (see Malinowski 1929; Fortune 1932). The other group is a segment of the Australian Aborigines (see Ashley-Montagu 1937).

[2]The possible biological influence on this phenomenon that Malinowski guessed at has since been shown to be valid. Many women do not begin to ovulate until sometime after menstruation takes place. This delay would mean that in some societies women would not conceive during premarital relations even though they were menstruating. Later, when ovulation begins, women were more likely to be married.

[3]One possible exception to this trend has been Spiro's (1954) examination of life on the kibbutzim in Israel. In a kibbutz children are separated from their (unmarried) parents to live in separate housing. However couples do seem to marry soon before or soon after a child is born so that the child will be considered legitimate. How often this happens is not stated. In a later addendum (1968) Spiro states that he does consider the family to exist on the kibbutz since, among other things, terms of affinity (father, mother, son, daughter) are used.

[4]This practice is not the levirate since the genitor is not necessarily a brother but the practice of levirate would also apply to this same argument.

[5]Right number two, "to establish the legal mother of a man's children" is very clearly connected with he first right of establishing a legal father to a woman's children. Since in what Hall (1983) calls high context societies the mother of a child is always known due to the outward physiological signs of pregnancy and the act of birth, the mother of a child is rarely in doubt. Only in those situations where a child is "left on the doorstep" or abandoned in some way is maternity

generally in question. Such abandoned children may be a special case since both their father and their mother are legally in doubt. Since the father in such cases is also unknown, the lack of a pater or sociological father is apparently important in all issues of legitimacy.

[6]Gough does not state how a Nayar woman went about ending a relationship, or even if they were allowed to do so.

[7]The Nayars believed several acts of intercourse "feed" the embryo and assist it to grow. This would allow more than one man to be the biological father of a child although it was only essential that one man acknowledge paternity.

[8]Although Gough does not discuss it in her paper, this definition is also important because it allows for the exclusion of children from legitimacy who are born to a married woman if a man other than the husband is the father. Although in many cases this is unimportant and a child is considered legitimate if a woman is married regardless of who the father is, in other circumstances this is not the case. Having said this, Gough's definition should not just say "a woman and one or more other persons" since besides the polyandrous unions she dealt with there are also polygynous unions

[9]Fortes (1969:196) notes that public and continuous living together of a man and a woman without the formalities of marriage but generally with the consent of the woman's guardian is very common among the Ashanti. Children of such unions, acknowledged by their fathers, are in every respect considered equal with those born within a marriage.

[10]An example of this is found in United States law where "nonmarital child" is considered equivalent in meaning to "illegitimate child" (The Guide to American Law 1984:110).

[11]This is considered in West Africa among the Dahomey in terms of rights in genetricem and rights in uxorem (Bohannon 1949). That is rights over a woman as a mother and as a wife respectively. When rights in genetricem are held by a man, or the patriline as in many West African societies, then all of the children born to a woman belong to the man or patriline.

[12]An example of this is the orgies held by the Areoi, a religious society described by early explorers in Polynesia. Women who joined the Areoi society had to promise to destroy at birth any infants that they might bear while members (Williamson 1924).

[13]The Dutch were also influential on some of the Caribbean islands-- notably Aruba, Bonair, Curaçao, Saba, and St. Martin.

[14]It has been pointed out that only a child "left on a doorstep" does not have a mater or sociological mother. Although this is true for most societies, British society at one time did not require the mother of an illegitimate child to take care of it since legally that child did not have parents. This is an interesting phenomenon that should be examined in more detail although it is not the focus of this dissertation.

CHAPTER 2
THE CARIBBEAN FAMILY SYSTEM

Introduction

The concept of legitimacy in the Caribbean can only be understood in the context of the Caribbean family system. The family has probably been examined more thoroughly than any other social phenomenon in Caribbean society. This research has reflected two major concerns of ethnographers: the first is an attempt to accurately describe the family system; the second is an attempt to understand the forces that have created and shaped this family system to its current form. Both of these themes are intricately intertwined. One cannot understand the forces that have shaped the family system in the Caribbean without an accurate understanding of the nature of that system and, conversely, one cannot understand fully the Caribbean family system without an understanding of the forces that served to create and shape it. An exploration of these themes places the concept of legitimacy within its social context.

The Caribbean Family

As research continues on the Caribbean family, an accurate description of its many facets becomes more

feasible. Marks has distilled eight points which he considers to be "general" characteristics of the Caribbean family.

1. the co-residence of a man and a woman as sexual partners often takes place in the form of a concubinage;
2. the relations between a man and a woman are often weak and the period of their co-residence is not infrequently brief;
3. sexual and economic relations without co-residence are frequently found;
4. the various forms of man-woman-relationship[s] such as marriage, concubinage and non-co-residential unions are not equivalent in status, durability and sexual exclusiveness;
5. the percentage of illegitimate births is high in comparison with figures for e.g. European countries;
6. the husband/father as a co-residential member of the household group is often lacking;
7. the mother, or in some cases the grandmother, plays a key role in the management of the household's affairs and in the children's upbringing; and
8. household groups are only in relatively few cases composed of a man and woman and their joint offspring. (Marks 1975:4)

Marks restricts these descriptive terms to areas where the process of industrialization is in its "first stages". (He notes that Curaçao, where he studied, is in a "later stage" of industrialization, and therefore does not fit this pattern). Most other scholars, however, have restricted similar descriptions of the Caribbean family to the "lower-classes" of Caribbean society. (A notable exception is R.T. Smith [1988], who points out that scholars have generally neglected other "classes" of society. He argues there may be fewer differences between the various social strata than previously thought).[1] Since almost all of the research done

on the Caribbean family focuses on the "lower class" of Caribbean society, the description of the Caribbean family system which follows is necessarily restricted to the lower strata of society, although the discussion may apply to the more wealthy members of Caribbean society as well.[2]

Origins of the Caribbean Family System

Although there is general agreement as to the make-up and nature of the Caribbean family, there has been little agreement about the social forces that have given the Caribbean family its form. The explanations offered can generally be attributed to two perspectives of the situation.

The first of these is Herskovits', the first serious student of Caribbean family life. He viewed the foundation of the Caribbean family as a West African derivation through which slaves had retained and reinterpreted a "cultural focus." The West African "cultural focus" was, for Herskovits, found in the realm of supernatural sanctions. He argued that this was why "African religion has shown greater resistance to white influence than any other phase of African culture" (Herskovits 1937:55). Herskovits noted that religion was not the only aspect of society which drew from the African past; essentially every aspect of Caribbean society had drawn from West Africa, ranging from the *combite*, or communal work patterns, to marriage contracts.

The other contributor to the specific cultural milieu shaping the "cultural focus" was the colonial power dominant

in each region. For example, "African tribes" and "types of Frenchmen" were "forged into the structure of Haitian life" (Herskovits 1937:17). Herskovits argues against the idea that the French were the only ones to give and the Africans the only ones to take but concludes that each influenced the other. Many have viewed his theory as one focused on "African retentions" or "reinterpretations"; although these are important components of his perspective, those who are critical of Herskovits' notion of African retentions have overlooked the fact that Herskovits makes it clear he understands there are European influences as well. As an example, he mentions the "lack of sanitation" and "poor hygiene" found in Haitian cities as characteristic of French eighteenth century cities and not those found in West Africa.

Herskovits does, however, tend to focus more attention on the importance of Africa in his examination of the Caribbean family than he does to the importance of Europe. His views on the "origins" of the Caribbean family illustrate this. He argues that it is the result of the social forces brought to bear during slavery on the "African" polygynous form of mating. Also the matrifocal nature of Caribbean families emphasizes the connection between mother and children in a polygynous society as the male's importance declines. Herskovits does not attempt to say why the Caribbean family has changed from its African roots, he simply attempts to discover the historical sources of the current Caribbean family.

The second influential perspective is that of Frazier, another early student of the Afroamerican family. He argued against African origins. Based on research done in the United States he pointed to the disintegrative effects on the Black family of such socioeconomic factors as slavery, discrimination and urbanization (Frazier 1965). Frazier argued that economic and social forces have "determined" the shape of Black household structure. He saw the attempt to explain the family life of Afroamericans within the context of African culture as unfounded. Frazier did acknowledge some exceptions, noting "among some isolated groups of Negroes in the New World as for example in Haiti and Jamaica, it appears that elements of African culture have been retained in the Negro Family" (Frazier 1965:306).

Although scholars have set these two perspectives up as diametrically opposed to each other, there appears to be a greater degree of agreement between Herskovits and Frazier than either they or later scholars have conceded. Frazier did not discount the influence of the African past although he may have emphasized the influence of external conditions on the Afroamerican family. Herskovits likewise may have focused on the historical roots of the Afroamerican family and ignored the social forces which brought about change and "retention" of some elements. However, neither of them saw the current family system in the Caribbean as completely devoid of an historical past.

Most examinations of the family system in various Caribbean societies made after these two groundbreaking scholars have been derivations in some form of Frazier's perspective. These scholars generally discount the African roots of the slaves family system without attempting to answer why some aspects of the African past had more relevance than others in the slaves' subsequent environment. They also do not attempt to explain why some elements of the African past are more frequently found than others in the post-slavery Caribbean. These are not only difficult questions to deal with but they also may not be very productive in terms of providing insight into the Caribbean family system if one agrees with most current arguments that credit economic conditions with shaping the family.

All current research on the Caribbean family has been influenced by R.T. Smith's work done in Guyana. R.T. Smith (1956) concluded that matrifocality and the associated marginality of men as husbands and fathers was characteristic of the "lower class" in a class stratified society. He viewed this situation as directly associated with low rates of social mobility, restricted public roles for adult men, and an absence of "managerial" functions, political responsibilities and status differentiation among them.

In later research, Gonzalez (1969) views the economic forces on local demography as the important factor in household structure. She observes that in the Black Carib population which she studied there has almost always been an

excess of females over males. The "draining of men" from the system brought "additional burden" on women (Gonzalez 1969:54). This led the women to compete, in a sense, for economic resources from men. This competition led to increased instability in the relationships of the younger women who were mating with younger men, since the younger men were the ones involved in migratory labor. In contrast M.G. Smith (1966:xxvii) states this argument is "filled with both unnecessary errors and conceptual blunders. He argues that one of the fatal errors of this perspective is the assumption of a uniform constitution of family system. He shows from data obtained in rural Jamaica that communities there have a balance in sex ratio and yet have a similar system. Despite this evidence, Gonzalez's argument illustrates that the long term temporary migration of males can have an effect on the family system.[3]

Based on her research in Jamaica, Clarke (1966) argues that the "nuclear family" is the most prevalent and stable in areas where the land pressure is least. The Caribbean family system from her perspective is an efficient means of allocating land. (Clarke's attempts to tie this pattern of land allocation to African origins by arguing that Jamaican inheritance through the name of the father and the blood of the mother fits Ashanti inheritance patterns. R.T. Smith [1988] does not see the relationship between the two as significant).

Based on an examination of Curaçao's family system, Marks (1975) attempts a synthesis of Herskovits' historical perspective and the economic perspective taken by others . He observes that social status (which is operationalized as lighter skin color verses darker skin color), as well as economic status, correlate with legal marriage. He concludes that the lack of consensual unions in Curaçao is due to "equal economic and social status" and argues that it is only in cases where status is unequal that "African influences" play a role. Marks does not attempt to explain why unequal economic and social status allows more "African influences." He explains why Curaçao is an "equal" society in terms of the historical view taken by the Dutch on the island that they were natives of the island and compatriots with those of African descent in opposition to the Dutch in the Netherlands who were part of the political yoke to be broken; but he excluded the oil industry in Curaçao and other important economic factors in his assessment of the differences between Curaçao and the other societies in the Caribbean.

From their Jamaican data, Dirks and Kearns (1976) argue that the frequency of different types of mating systems is correlated with the economic situation and environmental conditions in a country and both tend to change together. Olwig (1977) found a similar situation in the Virgin Islands; while Stoffle (1977) concluded that in Barbados industrialization reinforced rather than disrupted historical patterns of mating. M.G. Smith (1962) has noted that the

mating patterns in Carriacou and Grenada are generally the same as they were during slavery and he credits the structure of slave society for the current family in the Caribbean.

There has been no real consensus on the factors that have led to the creation or retention of the Caribbean family system. But it seems evident that although the African origin of the slaves was undoubtedly important in shaping their response to slavery, the structure of slavery itself had a large impact on shaping the family while post-emancipation economic conditions (including male migration) may have served to reinforce an existing system of reproduction.

The Nature of the Current Caribbean Family

There is much more consensus on the nature of the family as it exists in the Caribbean than there is on its origins. But that does not mean there is not disagreement about many of the generalizations made, such as those cited from Marks (1975). Several areas of family life are considered important if not distinctive to the Caribbean region. Each of these is considered separately.

Men in Household Groups

The exact role of the husband or father in the household has been disputed by some. R.T. Smith (1956:221) saw men filling an economically induced marginal role in Guyana. He saw "a correlation between the nature of the

husband-father role and the role of men in the economic system." In relation to R.T. Smith's findings, M.G Smith (1966:xiv) points out: "nowhere in this Caribbean region has any other student [than R.T. Smith] found men to be always 'marginal' as husbands and fathers." But after this statement was made, Alexander (1977:369) concluded that the middle class male in Jamaica is "marginal," "irresponsible" and "weak" because he does not have the level of commitment to his family expected of him by his society. Gregory (1985:7) viewed the "marginal" male as a psychological disadvantage to Jamaican children--especially young boys.[4]

The difference in perspectives may be based on the fact that although Caribbean men are not "marginal" in terms of lack of presence in the household and lack of economic contributions to the household, their presence and contributions fall short of the Caribbean ideology of the male provider. Either male ineffectiveness in economic endeavors or female reliance on male economic support may be emphasized in a specific society. In Montserrat, Moses (1977) found that no matter what women contributed economically, their status was always lower than the status of men. This circumstance created a conflict between the ideology of male superiority and the reality of their inadequacy as providers. Clarke goes so far as to hint that this conflict is in part the source of the mating system in Jamaica. She states:

> [t]he husband's liability for the maintenance of
> his wife and his responsibility for her debts are
> fully understood . . . one reason why men say they
> live in concubinage [is] because 'marriage is not
> for the poorman' (Clarke 1966:76-77).

Whitehead (1976) later makes this perspective explicit,
arguing that men who fail in the economic role create
insecurities in the household (as a deliberate act) and seek
to find success as individuals through fathering children.
This specific view is unique in the literature. Most
scholars tend to place more emphasis on the nature of male
economic support.

Gonzalez (1969) found that men from the Black Carib
population are responsible for the economic well being of
women with whom they are having sexual relations and they are
responsible for the economic needs of their own children as
well (if they have acknowledged paternity). Men will often
contribute money simultaneously to several women. Flinn
(1986) found that in a village in rural Guyana males with
more land had a higher mating success because they were able
to contribute money to more women than could other men.
Davenport (1968), who studied in Jamaica, found male
interaction with their offspring, which he terms the father-
child dyad. But he views it as a weaker relationship than
the mother-child dyad.

Black Carib men are also responsible for the care of
their mothers and sisters, and as Gonzalez' points out, this
relationship is often overlooked when ethnographers have only
examined men in sexual relationships. In Curaçao, a husband

is responsible for the care of his children (Marks 1975).
The responsibilities of his wife and her kin are restricted
to specific aspects of the children's care such as education.
Since legal marriage in Curaçao is not only common among the
upper classes but is "by far the prevailing man-woman-
relationship" among the lower class as well, these economic
relationships are found throughout that society.

Although the exact nature of the responsibilities of
men in Aruba has not been stated, De Waal-Malefit and
Helleman (1973) found that women there were economically
dependent on men for support. This does not mean that women
are not active in economic pursuits even though men play an
important economic role in their lives. Barrow (1986) notes
that, although women throughout the Caribbean participate
less in the labor force than men, they continue to fill non-
familial roles including economic ones.

The relative lack of research on men and male/female
relationships has been decried by scholars such as Remy
(1973). As information is published, it suggests that men
are not as marginal in Caribbean society as they are
sometimes characterized. Wilson, one of the few to examine
men in the Caribbean, asks:

> if the emphasis on the household by anthropologists
> is any measure of its importance as a social unit,
> we may well ask whether this means that males have
> a marginal role in the society of the community,
> and whether they have a subordinate position in the
> social system of the Caribbean lower class? To my
> knowledge, no anthropologist has reported a society
> anywhere in the world in which males take a
> subordinate position in the practical affairs of

the community or in the ideological system of
values by which social relationships are conducted.
Is the Caribbean an exception? (Wilson 1971)

Wilson argues that males are not subordinate in Caribbean
life. Although the role of men within the household and
within Caribbean society as a whole needs to be examined in
greater detail, it is clear they have a place somewhere
within the "matrifocal" family. This characteristic of the
family system is clearly one of the most important
conceptually and one of the most central to Caribbean family
life.

The Matrifocal Family

Herskovits and Herskovits (1947:15) pointed out that
in the Caribbean the "nuclear grouping with a woman as its
effective head, has everywhere persisted—to such a degree
that students sometimes speak of the New World Negro family
as 'matriarchal' in character." The view of a "matriarchal"
society in the Caribbean sometimes still appears in the
literature, such as Ducossen's (1976:58) discussion of the
"matriarchal" family in Guadeloupe--the author also states
that "fathers always retain authority" and "mothers exhibit
extreme dependence on them." Although most researchers
contend that Caribbean households are not matriarchal, the
central importance of women in the formation of these
households is also evident. This phenomenon has generally
been referred to as matrifocal. R.T. Smith argued that most
if not all Afro-Caribbean "lower class" households are

"matrifocal" and dominated by women in their combined roles of mother and wife. This situation is exaggerated as women grow up and have children of their own while still living in their mother's household.(R.T. Smith 1956). It is not uncommon to find three generations of women living in the same house.

More recently R.T. Smith has argued against the use of the term "matrifocal" since it has at times led to a misunderstanding of the prevalence of various mating types.

> If the concept of the matrifocal family is to have any useful meaning it must be redefined to purge it of the functionalist assumptions embedded in its earlier use. Nothing can prevent its being used to mean 'female-headed household' but if that becomes an accepted usage it would be better to abandon the term (R.T. Smith 1988:180).

R.T. Smith argues that "matrifocal" cannot be used in contrast to a "normal nuclear family" since there is "considerable doubt" as to the normalcy of the nuclear family worldwide as well as in the Caribbean. This observation was probably made in reference to conclusions such as those of Pollard and Wilburg (1978) who view the mother-child family and matrifocality in Guyana as an incomplete family form as part of the breakdown of the family system. They argue that male headed households are superior in performance and have a higher status in the community. These conclusions, however, ignore the general consensus that the practice of

economically successful males of establishing more permanent relationships will influence the performance of households.

Rubenstein (1983) points out that studies of kindred and family have been neglected in the Caribbean in favor of studies of the household and that the distinction between the two has not generally been made. This failure to distinguish between the two is reflected in Blumberg's (1978) argument that matrifocality is prevalent among urban residents in all wage labor societies and not just in the Caribbean, when she is really discussing female headed households rather than matrifocal households.

What exactly is a "matrifocal household" if it is not a female headed household? R.T. Smith argues that it is a household where the mother and the "maternal" family are more visible or involved than the man and his family. Eliciting kinship relationships from individuals in Guyana and Jamaica, he notes that "[t]he proportion of more distant relatives increases slightly on the maternal side if all cases are taken together" (R.T. Smith 1988:61). Melville and Frances Herskovits' (1947) work supports this view as they observed that the maternal grandmother figures most importantly in the lives of grandchildren; although they get along with all of their grandparents, and although they will go to their father's family if the mother's family cannot help, Trinidadians always go first to the mother's family for help. Slater (1977) views a similar phenomenon in Martinique as essential to matrifocality.

The fact that the father's family is important in the
lives of his children at all requires a reexamination of
earlier statements made by R.T. Smith. He originally argued:

> children derive nothing of any importance from
> their fathers, who are marginal and ineffective
> members of their families of procreation, even when
> resident. It is indeed indifferent whether these
> husband-fathers live with their families or not, or
> even whether their children know them personally
> (R.T. Smith 1956:147).

It has already been pointed out that many disagree with this
view of men in Caribbean society. If the concept of
"matrifocality" is to be retained then it will continue to
imply that men have a diminished role in the household
although they are not completely absent. George, Ebanks, and
Nobbe (1978), whose study also focuses on household rather
than family organization, note that most households in
Barbados are headed by males and it is considered the duty of
men to provide for the family.

Gonzalez (1969) points out that if a young man wants
to "make time" with a girl he will get on the good side of an
older man who is acting in the role of "father" or an older
brother who is "father" to his younger sister. This
statement indicates that the "father" role may at times be
filled by different individuals. However, earlier statements
by Herskovits (1937) of the time spent in arranging
consensual unions in Haiti, and his observations, as well as
those of other scholars, that these relationships evolve into
more and more commitment ending often in legal marriage at

later ages, indicates that men continue to maintain some role in the household.

Mating Patterns in the Caribbean

The patterns of mating are generally agreed upon by most ethnographers of Caribbean society. The three types of unions described by Leridon and Charbit (1981) for Guadeloupe and Martinique have been found throughout the Caribbean although they may be discussed under different terms. In this discussion, relationships that exist without shared residence are referred to as "extra-residential unions;" while relationships in which residence is shared with no legally recognized marriage are discussed as "consensual unions."[5] The nature of Caribbean marriage will also be examined. It should be noted that, even though these relationships are considered separately, many relationships will evolve from extra-residential through consensual to marriage unions (although the reverse does not appear to be the case).[6] Therefore these relationships are interconnected.

Extra-Residential unions
Extra residential relationships, although considered the most common type of sexual union in the Caribbean (M.G. Smith 1966, Gonzalez 1969, Ebanks, George, and Nobbe 1974), can easily be overlooked, as they were by early ethnographers of Caribbean life, because the partners do not live together and there is no outward public indication of their relationship. These relationships are

such that cohabitation occurs on a regular basis and economic resources are shared, but the couple does not live in the same residence — living, usually, with family members. R.T. Smith (1988:142) has defined these unions as "based on 'giving' one to another rather than joint unions; exchange between two entities which are distinct." M.G. Smith (1966) points out that this is the most common form of mating and an almost universal practice in early unions among "lower class" Jamaicans. Gonzalez (1969) adds that extra residential mating is also the most frequent of all mating relationships among the Black Caribs. (She calls it a "marital arrangement," however, rather than a mating relationship. She also sees "marriage" as occurring later on in a continuum of a single relationship). Gonzalez adds that such an arrangement is related to the age of the individuals: young people start out living separately and then build a house and move in together; then as age increases the individuals either marry or separate. M.G. Smith (1966:xxiv) points out that in his experience "non-domicilary" or extra-residential unions are "often casual and promiscuous rather than sexually exclusive." But among the Black Carib even if two individuals never reside in the same house the union is considered "proper" as long as the man contributes to the support of the woman and her children (Gonzalez 1969). In Haiti these types of unions are seen as the least stable (Williams, Murthy, and Berggren 1975).

<u>Consensual unions</u>   Ebanks, George, and Nobbe (1974) note
that in Barbados a pregnancy often turns an extra-residential
union into a consensual union which they see as a more stable
relationship. Consensual unions differ from extra-
residential relations in that the same residence is shared by
two individuals. Gonzalez (1969) indicates that extra-
residential mating often leads to consensual unions and
therefore is temporary only in the fact that it often quickly
becomes redefined as the residence of the participants
changes. Despite the evidence that some extra-residential
unions evolve into other types of unions, however, it also
appears that many unions are dissolved as different unions
are created. Gonzalez (1969) points out that when an
individual decides to marry she or he may return to the
original partner, if that partner is not already married.
This indicates that the relationships under discussion may be
transitory in nature.

Gonzalez points out that the "ideal mode of behavior"
in a consensual union, as well as in marriage, is sexual
exclusiveness. But this ideal is not always met and a
woman's partner "may at anytime leave her" (Gonzalez
1969:62). She argues that a number of magical devices exist
for a woman to keep her partner from leaving her or moving on
to another union. This is because there is an unequal
position of men and women in regard to maintaining marital
stability and the feeling that a woman should have sexual

relationships with one man during her lifetime is counter-balanced by a recognition of economic need (Gonzalez 1969).

In R.T. Smith's early work (1956) he viewed "common-law" unions and legal marriage as sociologically identical, at least in the "lowly" strata of West Indian society, stating that it is neither necessary nor appropriate to distinguish between them. However, his own evidence contradicts this assumption by indicating that the incidence of legal marriage increases as age increases. (R.T. Smith claimed that distinctions in age were "trivial" as well, and did not examine them in detail; they are examined more thoroughly below as legal marriage is discussed). Others have seen distinctions between these relationships as well. Clarke has shown that attitudes towards the acceptability of different forms of unions vary from one community to another. For example, she notes that in Sugar Town there is "no social disapprobation of concubinage nor bias towards marriage" (Clarke 1966:82), in Orange Grove "concubinage is disesteemed" (Clarke 1966:92), and in Mocca "the conjugal pattern is concubinage for life" (Clarke 1966:77). However, no matter what the local attitudes towards consensual unions may be, these unions exist in every Caribbean society.

Marriage unions   Some include consensual unions in a subcategory of marriage. Herskovits (1937) described the family in Haiti with detail lacking in some later ethnographies. He described *plaçage* (or consensual unions)

as a union that can be the result of "affairs between young people" (1937:116) the same way that Gonzalez (1969) has described the evolution of visiting relations to consensual unions. Herskovits considers *plaçage* as a "marriage" that is not sanctioned by the church but is sanctioned by the family. He argues that as couples move in together contracts are worked out similar to marriage contracts forged in West Africa. Even though he sees this type of union as a "marriage," he does not consider it equal to a church sanctioned marriage as R.T. Smith (1956) later did. Herskovits points out that a marriage that is sanctioned by the church is seen as better or more elite than one that is not sanctioned and therefore has a qualitative difference. He does not discuss the duration of these unions, but since he views them as equal in all ways other than the status a church sanctioned union can give, it is likely that he would have argued that *plaçage* is not a less stable union than is a church sanctioned union.

Herskovits' observations that a consensual union can be the result of extra-residential unions (or "affairs") has been extended by later researchers to legal marriage. Consensual unions can result in or evolve into legal marriage. R.T. Smith (1988:88) points out that in Jamaica as early as 1789 couples would settle into "stable unions" as they grow older. But, he adds, increasing age does not always lead to "legalized unions" (R.T. Smith 1988:129). Gardiner and Podolefsky (1977) point out that in Dominica

marriage is usually delayed until the middle to later years of life, but it is regarded highly as an institution. M.G. Smith (1966:xxviii-xxix) notes that "age is the most important correlate [to marriage], marriage increasing and visiting decreasing with age in every instance." This phenomenon has been observed in other parts of the Caribbean as well and in some areas it appears to be very frequent. Marks (1975:17-18) points out that in Curaçao "practically all marriages had been contracted at an early age as first coresidential unions." Gonzalez gives a more detailed picture of how this process works, based on her work in Honduras and Belize.

> By the time a young man reaches the age of thirty or so, his life may take on a radically different form, in that he may have achieved a fairly high-paying job. Now he may find it possible and desirable, for purposes of increasing his prestige, to build a house in which to place his wife and children. By this time he will probably have had a series of alliances with different women, and he will usually have some children. He may set up housekeeping with his current favorite, or he may still feel loyalty for his first wife [i.e. mating partner], if she does not have another husband (1969:61).[7]

Gonzalez' realization a man will marry "for purposes of increasing his prestige" expands our understanding of Clarke's (1966:78-84) observation that marriage is delayed in part until a man has a house and "preferably a bit of land." A further reason for the delay is that "contracting parties" must approve of one another sufficiently to risk the change in status and responsibilities that marriage implies. R.T.

Smith (1988:104) adds that "Many West Indians defer marriage until they have several children, but not just to accumulate resources for a proper ceremony." Evidence from other ethnographers seems to corroborate Gonzalez' assertion that older couples may legalize marriage to provide security in inheritance or more importantly to enhance status. R.T. Smith (1988) points out that those few black members of the upper class in Jamaica (the upper class consisted almost exclusively of whites at one time but most have since left) place an emphasis on property and status in relationships and always marry (in a legal union). This is also reflected in the lower class of the Black Carib. Gonzalez (1969:69) found that "Ideally, permanent monogamy, neolocal residence, and the nuclear family are held to be the most desirable forms. However, these ideals are seldom achieved in this society."[8]

As ideal relationships are achieved, the number of children in a union is influenced. Ebanks (1973) argues that legal unions in Barbados are more stable than other unions and the lower the number of partners a woman has the fewer children she will bear. This phenomenon can be understood in terms of the importance of children in common in Caribbean unions.

The Importance of Children in Common

In Jamaica "it is rare for childless unions to endure; as rare as for marriage to occur before the birth of children" (Clarke 1966:107). Clarke (1966:95) points out

that "the childless woman is an object of pity, contempt or derision." Why this is the case is not made clear; however, it may, in part be connected to a rite of passage into adulthood. For these Jamaicans "a woman is only considered 'really' a woman after she has borne a child, [and] the proof of a man's maleness is the impregnation of a woman" (Clarke 1966:96). Once these women have demonstrated their ability to bear a child some will "attempt to avert the economic burden of children" by using drugs or "bush medicines" to induce a miscarriage (Clarke 1966).

Murray (1975) notes that in Haiti couples want to have children in common even if they have children from another person. Women in Guadeloupe and Martinique who change union types, regardless of which kind they have, will also have higher levels of fertility than other women (Leridon and Charbit 1981). Although women who enter a visiting union in Trinidad and Tobago, Guyana, and Jamaica have fewer children on the average than do other women (Harewood 1984), this is likely due to the fact that couples in visiting unions have a lower frequency of intercourse and therefore a lower risk of pregnancy than other women in the same societies (Roberts and Sinclair 1978). If women who have multiple visiting unions are examined, they as a group are found to have the greatest number of children and there is also a correlation between the number of partners and the number of children (Harewood 1985, Wright and Madan 1988). Since visiting unions with a single partner produce the lowest number of children, while

visiting unions with multiple partners produce the greatest number of children, these results suggest a relationship between fertility and the importance of having children in common with a partner in certain types of relationships.

The number of children a woman has also influences her activity in the economic sector. In Jamaica childless women are much more economically active than women with children (McKenzie and Powell 1975). Women who are already employed appear to have lower fertility rates than unemployed women (Powell 1976, 1986; Durant-Gonzalez 1982 views bearing children as increasing the need to find employment). These factors can be explained in terms of the Caribbean ideal that a man contribute money towards the raising of his children. If a woman bears a child in common with a man then that man is more likely to contribute goods and money to her household. This may also explain why a pregnancy seems to turn an extra-residential union into a consensual union as discussed above. Higher levels of employment with fewer children cannot be simply explained by considering that a woman will have more time available to work, although this may be a factor, since "child-transfer" or allowing other family members to care for children is common throughout the Caribbean.

Clarke (1966) points out that "step-children" are most frequently found in situations where a union is childless. Herskovits (1937) states that "child-transfer" among Haitian parents can take place for economic reasons (i.e. another

family is better equipped financially to care for the child).
Clarke (1966) noted that households based on consensual
unions are equally divided according to the presence or
absence of children, while those based on marriage were
without children in only one-fifth of the cases. Although
this could indicate that children serve to strengthen a
relationship which might lead to marriage, the facts that it
is older couples who tend to marry (who have had more time to
bear children) could also explain the correlation between
marriage and children.

The permanence of these relationships varies, as has
been mentioned, and an adopted girl in Jamaica who becomes
pregnant may be put out of the house. Gonzalez (1969) notes
that among the Black Carib "child loaning" may be long term
but these child will not have inheritance rights as other
children do. "Child transfer" in Haiti, on the other had,
appears as a complete transfer of rights and
responsibilities. Herskovits (1937) states that if the
adopted Haitian child is abused the original parents can do
nothing to help that child. In the British West Indies in
general, it has been found that 25% of all children are not
living with their parents but almost all of these children
are living with another family member (Sanford 1974). In
Jamaica, children who are not taken in by another person are
occasionally abandoned (Broadber 1974).

All children can receive a new "step-parent" as
relationships change. However, if marriage occurs the

children might not be included in that new relationship.
Clarke (1966) points out that the exclusion from the
household of outside children of either parent was more
marked in the case of married couples than in families in a
consensual union. This was not a strict rule but more
outside children from women were included in the home when
compared with those of the men.[9] Children do not
automatically go with the mother, but there is a tendency for
boys to go with their fathers in new relationships and girls
to go with their mothers. If under fifteen years of age both
boys and girls are more likely to go with the mother.

Illegitimacy in the Caribbean

Illegitimacy, as noted in Marks' summary of the
Caribbean family cited above, is generally considered to be
not only common in the Caribbean but it carries with it no
social disability or disparagement like it might in other
societies. Herskovits and Herskovits (1947:82-83) state that
in Trinidad "there is no social disability imposed by the
community because of legitimacy or illegitimacy." While in
reference to the concept of legitimacy they point to a "false
perspective on the thinking of people . . . given by the
application of legal terms such as 'legitimate' and
'illegitimate' to the offspring" (Herskovits and Herskovits
1947:17). But they still see these terms as useful to
distinguish between concepts in Caribbean society if an
attempt is made to understand how the concepts differ from

their general use in European society. Slater (1977) takes a
different viewpoint.[10] She argues (Slater 1977:155) that in
Martinique: "There simply is no rule of legitimacy." Slater
considers legitimate children, as do others who have dealt
with this issue, to be children born to married parents
rather than those with a recognized pater, as in my
definition. If Slater's data is examined it indicates that
some important distinctions between children are made in
Martinique. She notes that

> "although illegitimate births outnumber the
> legitimate, recognized children usually outnumber
> the nonrecognized . . . . A man need not live with
> a woman to recognize one of her children, but if he
> lives with her he is forced to recognize her
> children unless he wishes to go to court to dispute
> paternity" (Slater 1977:159-160).

Recognized children also have a different status from
unrecognized children. "By law, recognized children inherit
along with legitimate children from the father. Unrecognized
children, then are at a disadvantage . . . ." (Slater
1977:160).

Goode (1960:30) argues that the Caribbean does not
contradict Malinowski's views and concludes that
"Malinowski's Principle of Legitimacy . . . is generally
valid." Part of the evidence he gives for this assertion is
the fact that mothers severely chastise daughters who get
pregnant. This indicates that although pregnancies outside
of a marital union are common they are not considered
acceptable. Goode (1960) also states that marriage is
considered the ideal form of mating in the Caribbean and most

people enter marriage at some point in their lives. This he argues can be held as the "norm" or value of the Caribbean although there is a high rate of deviance from this ideal form of mating. He criticizes Slater's assertion that there is no distinction between legitimacy and illegitimacy based on these factors. Goode also argues against the characterization of consensual unions as "sociologically as legitimate" as legal unions. He concludes: "If this interpretation is correct, Malinowski's principle would be erroneous, and one of the apparently major functions of the father would have to be redefined as unessential" (Goode 1960:23). Goode does not state why he came to this conclusion and it is difficult now to say exactly what motivated him to state it. But, if legitimacy is not defined as necessarily derived from "marriage" but rather in the terms given in chapter one, then what is and is not technically a marriage becomes less relevant to the issues.

Slater's (1977) addendum to her dissertation in published form castigates Goode for not distinguishing, as she felt he should, between the "upper" and "lower" strata of society. Slater feels that Goode was relying on the values of the "upper" strata, to describe the behavior of the lower strata. She argues that the elite may attempt to discourage illegitimate births but there is no concept of "shame" among the non-elite or at most it is fleeting. Slater's conclusions that there is no concept of illegitimacy in the Caribbean has been adopted and referenced in subsequent

descriptions of Caribbean family life (e.g. Halberstein 1986, 1990).

If legitimacy is not considered in terms of children born into a marriage but children who have a socially recognized father, then the conflict between the perspectives of Goode and Slater can be reconciled. But before an attempt is made to do this the views of others on Caribbean illegitimacy will be considered.

There is some disagreement among various ethnographers as to the extent of illegitimacy in the Caribbean. This disagreement is best contrasted by the views of Marks and R.T. Smith. Marks (1975:16) argues that "illegitimacy should be regarded as virtually an exclusive 'product' of the lower strata." R.T. Smith's (1956) earlier arguments were less polemical. He felt that the distinction between legitimate and illegitimate children, like that between union types, was sociologically irrelevant. Currently, however, he attacks (R.T. Smith 1988:104) "economic determinists theories [which] have made illegitimacy appear to be an exclusively lower class 'problem'." His rebuttal to these theories is based on the efforts of Bishop Nutal in Jamaica to stem "immorality" among higher class whites who were producing many illegitimate offspring. Therefore, illegitimacy, he argues, was an upper class (and white) phenomenon in the Caribbean just as much as a lower class black phenomenon.[11] On the other hand, Marks' assertion that illegitimate births are "high" in the Caribbean does appear to reflect empirical

observation if births outside of marriage are considered
illegitimate.

The response of parents to a daughter's discovered
pregnancy indicates that not all pregnancies are treated with
indifference. Simpson (1942:665) notes that daughters in
Haiti are "beaten" when their pregnancy is discovered. A
Jamaican girl's initiation into womanhood appears to follow
several "ritualized" stages that have been described by
Clarke.

> The mother's behavior when she discovers her
> daughter's condition falls into four almost
> ritualized stages. The girl's misconduct is always
> said to have been carried on surreptitiously
> without her knowledge and brought to her attention
> only when the signs of pregnancy become apparent.
> The discovery is greeted with noisy upbraiding, the
> girl is severely beaten, and in many cases turned
> out of the house. In the second stage the girl
> takes refuge with a neighbour or kinswoman. After
> a period, which may be quite short, the kinsfolk
> and neighbours intercede with the mother on her
> behalf, and the girl is taken back into her
> mother's home for the birth of her child (Clarke
> 1966:99).

One exception to the rule that a Jamaican mother accepts her
pregnant daughter is with adopted girls who must leave if
they become pregnant. "They could not expect to be kept on
as one's own might be in such an event" (Clarke 1966:177).
There are other occasions when a mother accepts with no
disapproval a daughter's pregnancy. Clarke points out that a
girl working as domestic help returned home for the birth of
her child; the child was left for the mother to raise and no
disapproval was voiced. The reasons for this difference in

treatment were not made clear by Clarke. It appears that in certain circumstances a pregnant girl, or woman, can meet with marked social disapproval and at other times be treated with indifference--each a phenomenon focused on by Goode and Slater respectively. Rawlins (1984) has also noted that teenage pregnancy is likely to be lower when parents, especially mothers, have greater interaction with their daughters. How much this influences response to pregnancy is unclear.

Manyoni's (1977:418) comment in reference to the Caribbean that "illegitimacy is largely considered from the perspective of maternity rather than both maternity and paternity" is generally accurate in that men are rarely chastened or visibly punished in relation to issues of legitimacy (for a similar perspective see Allman 1985). This may be due to the fact that paternity is less clear. This is generally given as the reason why property is only inherited by a child if it is considered "legitimate." But, as we have seen for Martinique, a child can inherit property from the father if the father acknowledges paternity. Therefore, although a mother may be easier to identify, because of the pregnancy, paternity can still be determined on a sociological level if not a biological one (unless sophisticated techniques are made available).

An approach at reconciliation of the dispute between Goode and Slater based on this evidence should consider that, although many children are born in unions other than marriage

relationships and are not socially disapproved of as "illegitimate," there are a class of children who do not have a person they can identify as their "father" and these children do have lower status than others. Relationships carried on surreptitiously, which result in a child without an identifiable father, result in sharp social disapproval by the community. These children do not have claim to support from their fathers or those men who have established a social contract with a child as discussed by Malinowski.

In the following ethnography of pregnancy and childbirth among Creoles in Suriname it will become evident that there are a number of different ways men can assert paternity or women can ritually identify the father of their child.

Although this analysis of the Caribbean as a region has suggested general characteristics of Caribbean society, Lewis (1985:226) argues "it is misleading to think of the [Caribbean] region as a single, monolithic whole — a delusion present in much of the scholarly literature on this area." This study is not dealing with the Caribbean as a whole but only with the the coastal region of Suriname. It is not necessary, however, to treat each society in the Caribbean as a completely separate entity devoid of any connections with other regions that have undergone similar historical and cultural processes. Much of what has been found in other societies in the Caribbean has relevance for Suriname.

Summary

Although the origins of the Caribbean family are probably drawn from many different influences, there are distinctive characteristics of the Caribbean family that can be found in most Caribbean societies. There is a "matrifocal" tendency in Caribbean societies which can best be viewed as a tendency towards slightly greater emphasis on women and the maternal kin of a family when relationships are considered as a whole. The perspective of men as "marginal" to the household is overdrawn if one considers this to mean they are constantly absent and do not contribute economically to the household. Yet men are less prominent in daily household activities than are women. There is also a distinctive mating system that has developed in Caribbean societies.

Mating in the Caribbean generally begins as an extra-residential union; it then evolves into a consensual union; and later, usually after children are born, a legal marriage is solemnized. Having children in common seems to strengthen relationships in each of these patterns of mating.

The family system in the Caribbean is one in which children are generally born outside of a legally recognized union. Some of these births receive marked social disapproval while others are treated with excitement and expectation. A distinction between these types of pregnancies can be made on the basis of association with a presence or lack of a socially recognized father. This

distinction will be explored in the following ethnography of

pregnancy and childbirth among the Creole in Paramaribo,

Suriname.

---

[1]Most scholars have focused on the "lower class" while lumping the middle and upper class into a single group where legal marriage is consistently found. R.T. Smith's recent work indicates that, although this is generally the case, it is not a rule. He points out "the distribution of union types reflects the class composition of the genealogies, with common law and visiting unions being rare, but not absent from, established middle class genealogies" (R.T. Smith 1988:67). Henriques, although he saw the upper class as differing from the lower and middle class, argued that these patterns were not derivations of the European ideal but forms that existed in their own right. Henriques notes in reference to the relation between the upper and middle classes

> The attitude of the middle class towards this practice [i.e. of bearing children outside of marriage relationships] is not only one of tolerance but of actual approval. This is interesting as the twin household violates the canons of this class's sexual morality, and in addition the female partner is often drawn from its own class. The middle class girl who becomes the mistress of an upper class man is condemned, but the action of the man is approved (Henriques 1953:154).

Henriques sees these relationships as having roots in slavery when an upper class male would have an "outside" relationship with a woman in a lower status position than himself.

[2]Class, as it is used by most Caribbean scholars, is consistent with the concept of socioeconomic status. Not only is one's income level included in this but also language use (Creole verses Metropolitan language), skin color (the darker one's skin the lower one's status), and education (the lower one's education the lower one's status).

[3]Beet and Sterman (1978) also argue that "male absenteeism" influences family life and fertility among the Matawai Maroons in Suriname but no conclusions are drawn as to its effects on the structure of the Matawai family.

It is noteworthy that the recent emigration from Suriname has been disproportionately Creole men. This has increased the female to male ratio dramatically.

[4]The author does not present data to support his conclusions.

[5]A variety of different terms have been used to describe specific relationships that exist in the Caribbean family. I have chosen to use "extra-residential" unions as defined in the text because other terms such as "affair" or "visiting union" tend to down play the fact that many of these relationships evolve into co-residential relationships and possibly marriage. Likewise the term "consensual union," as defined in the text, is used rather than "concubinage" which reflects a lower status to the relationship than is often the case in Caribbean

communities. Therefore "consensual union" is used to refer to co-residential relationships where legal marriage is not found. These may exists as "common law" marriages or as "living together" relationships which may or may not lead to legal marriage. Legal marriage is generally a marriage that is sanctioned by the churches in the community and the law of the country. This definition is, of necessity, much narrower than the definition I gave in the first chapter for marriage. The societies dealt with in this discussion have a much narrower definition of marriage and the research discussed is based on a much narrower definition. Therefore, I use this narrower definition of marriage throughout this chapter.

All of these labels are imposed from the outside although they have occasionally been adopted by those to whom they apply. Some of the terms that members of these societies use for their relationships will be discussed in the text.

[6]Stoffle (1977b) has argued that industrial employment slows down the time it takes to move through these patterns of relationships.

[7]This is only the first stage of a marriage according to "Western tradition" for the Black Carib. A legal union, or what Gonzalez refers to as a "Western-type marriage" does not transform a consensual union with the performance of a ceremony recognized by law, but that is the culmination of several steps taken to give the relationship higher status.

[8]This discussion of the motivations for marriage is admittedly strongly biased towards the male perspective and what the motives of men are in these relationships. This is not intentional but is unavoidable due to the lack of consideration by ethnographers of women's intentions.

[9]Although this may be expected in European societies, in West Africa children generally go with the men after separation as part of rights in genetricem which men hold.

[10]This work was originally a dissertation done under the authors maiden name of Kreiselman in 1958.

[11]R.T. Smith hints in his discussion, in fact, that illegitimacy in the Caribbean originated with the slave owners and from them became a persistent part of the structure of "lower class" families.

CHAPTER 3
AN OVERVIEW OF THE RESEARCH SITE:
THE REPUBLIC OF SURINAME

<u>Historical Overview</u>

Suriname is on the northern border of South America.
Brazil is just south, while French Guiana is east and Guyana
is west of Suriname. The Caribbean Sea and Atlantic Ocean
form the northern border. Because of its historic,
geographic, and ethnic character, Suriname is considered part
of "plantation America" (Wagley 1957), and is specifically
included in the Caribbean region (Mintz and Price 1985).
Paramaribo, the capital and only major city in the country,
is located on the coast of Suriname and is the general site
of early European activity.

<u>European Domination</u>

Suriname's original inhabitants were Native Americans
who, according to current evidence, were in the area in large
numbers at least 5,000 years ago (National Planning Office of
Suriname 1988). Although the coastal Carib and Arawak groups
appear to have had contact with Europeans from the time of
their first arrival, encounters and exchanges slowly spread
to other groups, with the last recorded "first" contact being
with the *Akuri* who used their stone axes to destroy the

outboard motor of a "curious traveler" in 1968 (Bubberman 1972:11).

The first European contact appears to have been in 1499 when the Spanish navigators Alonzo de Hojeda and Jean de la Cosa are reputed to have scouted some parts of the northeast coast of South America during their navigation of what later would be called "the Wild Coast." One year later, Vincent Juan Pinzon claimed the region in the name of the king of Spain.

This region, which came to be known as Guiana ("land of many streams or waters")[1] is situated between the Atlantic Ocean and the Amazon, Rio Negro, Cassiquiare and Orinoco rivers. It soon became known for its mythical Dorado, or land of gold, and Lake Parima--a fabled lake of gold. This region was possessed in the sixteenth and seventeenth centuries in whole or in part by Spain, the Netherlands, England, France, and Portugal in turn. As part of the imperialistic jousting of the time, the territory became divided into five regions: Spanish Guiana (now part of Venezuela), British Guiana (now Guyana), French Guiana, Portuguese Guiana (now part of Brazil) and Dutch Guiana (which, of course, is now Suriname).

The Dutch founded the first trading centers on the coast (in 1530 and 1542) and in 1581, a year after their independence from Spain, they established the first settlement in Pomeroon, which later became part of British Guiana (Mitrasing 1975:5-6). The Dutch became so active in

the Caribbean region that the Spanish governor of Venezuela recommended they be kept out through poisoning the salt pans they frequented in the neighboring Antilles (Williams 1984:75). The activities of the Dutch were eventually curtailed by the British who, under the direction of Lord Willoughby, established the first permanent settlement in Suriname in 1651.

Fort Willoughby was built on the remains of a French fort dating from 1640, and the English began trading with the indigenous Carib while turning against the Arawak--traditional Carib enemies. In 1667, sixteen years later, the Dutch took Fort Willoughby as part of their global war with England and still held it a year later when a peace treaty was signed in Breda. In exchange for keeping Suriname, the Dutch gave New Amsterdam (New York) to the British. The Dutch, everyone felt at the time, got the better end of the deal, even though they argued both sides should take equal burden for the war (i.e. "Dutch treat"). The British immediately began applying the Dutch hate term *jong kaas* (i.e. Yankees) to the inhabitants of New Amsterdam and the Dutch began to reshape the colony of Suriname.

Slavery in Suriname

The British period was crucial to the development of Suriname. Most notably, the importation of slaves from Africa began during this period. The languages originally spoken by the slaves and the Maroons, or runaway slaves,

58

still retain much of the basic lexicon and syntax developed during the period when English was the dominant language.

As the Dutch took control of Suriname, they changed the name of the fort to Zeelandia. The fort remained central in importance as is reflected in the Sranantongo word *foto*, which now means "city." The Dutch expanded the importation of African slaves beyond earlier levels. Most of the slaves were brought from West Africa, but slavers moved down the coast of Africa as villages were decimated and societies destroyed. Herskovits (1939) reports that some of the last slaves brought to Suriname were from Mozambique--clear around the Cape.

The world shipping capitals of Amsterdam and Rotterdam, from the provinces of North and South Holland, respectively, controlled much of the slave trade, while Europe's leading medical school in Leiden provided most of the attending physicians on the slave ships and colonies of the Netherlands and other nations (Calder 1958). Nassy, as quoted by Price and Price (1988:xiv), stated in 1788 that the Dutch colony in Suriname was "the envy of all the others in the Americas" likely because of its economic output. Suriname remained the most important colony of the Netherlands until well into the eighteenth century when Indonesia, or the Dutch East Indies, surpassed it.

The "envy" of the Americas was built at a price. Essed (1984:1) reports that slaves died at the rate of four a day from 1682 to 1863 when emancipation was declared. A

contemporary of this period, John Stedman (1796:373), guessed the entire slave population became "extinct" every twenty years or in other words that the high death rate led to a complete overturn in the population every twenty years. In addition to this, beginning as early as the British period, many of the slaves had begun escaping into the Amazon rain forests and establishing communities led by a *granman* or "chief." Although the forests were hazardous and called *dedekondre* or "country of death" by the slaves, many were willing to risk malaria and other perils in exchange for freedom. These enclaves of Maroons, who now call themselves *Busunengre* or "Bushnegroes," established themselves along major rivers and continued to raid plantations until peace treaties were signed with separate groups in 1760, 1762, and 1767 making them the first peoples in the Americas to gain independence from Europe.[2]

Until the importation of slaves was made illegal, there was always a higher concentration of Africanborn slaves than Surinameborn slaves (called Creoles) in the colony. Because of this, the Creole population continued in many different ways to have contact with their African past until the importation of slaves was abolished. On July 1, 1863, the slaves were given their freedom. This event is still celebrated every first of July as *ketikoti* or *manspasi* ("emancipation" day).

The Post-Slavery Period

For years after emancipation, former slaves flocked to the city, refusing to continue in agriculture.[3] This left a shortage of labor in the plantation areas of Suriname. In order to fill their labor needs, the Dutch turned to the British East Indies and began importing indentured labor-- largely from the northeastern provinces of India. These East Indians are called Hindustanis in Suriname (and the Netherlands as well). Most of these contract laborers arrived in Suriname between 1873 and 1917 and are now the largest of the many ethnic groups in the country. Many of the Hindustani were tricked into embarking on ships or did not quite understand the consequences. Suddenly they found themselves pulling out of their home cities, sometimes not even having had time to say farewell to family members or tell them what was happening (Diepraam 1978). In 1890 the Dutch turned to the East Indies to supplement and later replace the inflow of Hindustanis on the remaining sugar plantations. They brought laborers to Suriname from the Indonesian island of Java until 1939. Of the ethnic groups in the coastal lowlands the Javanese remain the most impoverished and least exposed to formal education. Although the Hindustani have been much more likely to move into sectors of the economy other than agriculture, they continue, along with the Javanese, to dot the agricultural regions of the country.

More recently Maroons have flocked into the city as well, seeking opportunity and as refugees from rebel fighting in the interior. The Chinese world diaspora has brought immigrants from Hong Kong and elsewhere who tend to run small shops or *winkels*[4] and restaurants. Significant numbers of Dutch, Lebanese, and Guyanese live in Paramaribo, as do some Jews from Germany and Portugal and a smattering of North Americans (often missionaries of various Christian denominations). The general nature of Suriname is such that the city of Paramaribo is dominated by the Creole population with a large Hindustani presence as well, while the coastal agricultural regions are populated with the Hindustani and Javanese and the rainforests are the territory of the Maroons and Native Americans.

The Current Picture

The Republic of Suriname gained independence from the Netherlands in 1975. Many of the changes that have taken place since then have been influenced by the newly independent status of the country. But, as with all societies, Suriname reflects its historical and cultural roots.

Population Growth

The population of Suriname has undergone dramatic fluctuation as a result of independence. Many Surinamers retained their Dutch citizenship and went to the Netherlands.

Recent figures indicate that the steady decline in population
leading up to and following independence has been reversed
and population growth is again occurring (see table 1).

The population of Paramaribo is 48% of the entire
country's population[5] and much of the remaining population
surrounds and has ties with the city. Three other population
centers of note are: Nieuw Nickerie, next to the Guyana
border; Albina, next to the French Guyana border; and Mungo,
a region south of Paramaribo where bauxite mining takes place
for the aluminum industry. Smaller villages are scattered
along many of the major rivers in the interior.

Table 1
Population Growth and Growth Factors 1980-1987

Year	Population*	Births**	Deaths	Immigration	Emigration
1980	361,040	9,848	2,192	2,282	18,988
1981	351,990	10,094	2,441	3,338	4,432
1982	358,549	11,205	2,506	3,706	3,431
1983	367,523	11,823	2,811	2,805	5,225
1984	374,115	11,503	2,873	3,393	3,488
1985	382,650	11,704	2,674	1,902	5,321
1986	388,261	10,176			
1987	404,962	9,660			

*Total as of January 1.
**This figure only includes live births.[6]
Source:National Planning Office, Suriname (1988) and the
Suriname Department of Public Health statistical office,
1991.

Ethnic Makeup of the Population

One of the distinctive characteristics of Suriname is the social and cultural diversity of its population. Most of the population identifies with specific ethnic labels that signify similar historical and cultural roots. Each of the large or influential ethnic groups will be discussed separately. The percentages of each group given from the "hospital" sample refer to the sample from which part of the research for this work was derived. The sample is discussed in the following chapter.

The Hindustani

The Hindustani population of Suriname made up 37.8% of the total population of Suriname in 1980 (Health Conditions in the Americas 1990:257).[7] In 1991 they made up 32.7% of the delivering population at s'Lands, the public hospital (n=340).[8] The Hindustani are generally considered to be the largest ethnic group in Suriname when those of African descent are separated into Creole and Maroon groups. (If those with African ancestry are considered as one group, then they make up 39.1% of the population in the Health Conditions in the Americas report [1990:257] and 47.3% of the delivering population at s'Lands in this study).

The Hindustani have cultural and ancestral ties to India. They prefer use of the Dutch term *Hindustani* to refer to themselves as a group. In Sranantongo, they are called *Kuli* a word retained from the British period or occasionally

Hustani derived from the Dutch. The Hindustani, as a whole, hate being referred to as *Kuli*. (All of the Hindustani women in the postpartum study said they did not like the term *Kuli.*) The Creole, on the other hand, say most Hindustani do not mind being called *Kuli* and when groups of Creoles are together they invariably used *Kuli* when talking about Hindustanis. When other ethnic groups are in on the discussion, Hindustani is generally used. Hindustanis of both Muslim and Hindu religions find the Dutch term acceptable.

The recent characterization of Suriname as a place where harmony exists between divergent ethnic and religious groups overstates the situation (French 1990). Some ethnic tensions do exist. For example, Hindustani will occasionally complain about the Creole population and claim all the Creoles are interested in is *prisiri* — pleasure, a good time, or parties. Although most Hindustani will claim everyone can marry everyone, they tend to discourage or even express disdain at relationships with Creoles. A child that is born of Creole and Hindustani parents is called a *Dogla* and is generally classified as a Creole (see below).

Many Hindustani still strongly identify with India and are interested in events in India. A statue of the Mahatma, Mohandas Karamchand Ghandi, stands in a busy section of the city and many of the city's streets reflect Indian ties-- including the recent changing of the name of one of the two major roads from Pad van Wanica to Indira Ghandi Weg.

The African-American population

Although all of Suriname's population of African descent are descendants of African slaves, historical separation of two segments of the population have created cultural and linguistic differences. The Creole population consists essentially of the descendants of those who were in the city or on plantations at the end of slavery while the Maroon population is made up of the descendants of those who escaped into the rainforests.

Creole.   Creole Surinamers are called *Creool* in Dutch and *Nengre* in Sranantongo.[9] There has been a major movement towards the use of the term Creole by Surinamers as opposed to the term *Nengre* which is viewed by some as having negative connotations. There is not only a linguistic category *Nengre* to designate the lower class Creoles in Sranantongo, but historically persons could also be *Mulata,* (a *Kleurling* in Dutch) if part of their ancestry was European. These distinctions are no longer made, however. But distinctions are still made in reference to admixture with other ethnic groups. A *Dogla* is theoretically the offspring of a Hindustani mother or father and Creole spouse but even if parentage is not known a Creole with wavy hair might be called *Dogla*. For example, American Blacks seen on television are occasionally referred to as *Dogla*.

Of the women who deliver at s'Lands Hospitaal 24.1% identified themselves as Creole. The percentage of African-Americans is 39.1% for the entire population but how many of these identify themselves as Creole is difficult to determine. There was a movement to identify the Maroon population with the Creole population based on a common African ancestry. The intentions were to increase political clout (see Wooding 1981) but it has also influenced statistical information on the population. This movement has not had as devastating an impact on information, however, as has a more recent trend.

There has been a recent movement to completely ignore ethnicity in the gathering of official data. The general opinion is that if ethnicity becomes less important national unity will increase and this will benefit everyone. The goal is admirable but it is no longer possible to get such information as a break down of infant mortality by ethnic groups. This obfuscates real differences in ethnic groups in important areas (like birth weight as discussed in chapter 8). It would be better if inequalities between ethnic groups were made explicit so that changes can be made to improve specific sections of the population rather than ignoring such differences under a guise of nationalism.

Maroons. The Maroons are known as *Bosland Creool* in Dutch or *Busu Nengre* in Sranantongo. The Maroons are made up of six distinct groups. The Saramaccaners are perhaps the

least acculturated to city life of all the Maroons. This is generally due to the fact that they have historically lived the furthest from the city. The Aukaners or Ndjuka are the largest group and are geographically the closest to Paramaribo. When talking about Maroons, this is the group most Creole are referring too. *Djuka,* a term that Aukaners now disdain, is used by the Creole as a term for impolite behavior or social ineptitude.

Other small groups of Maroons listed largest to smallest include Paramaccaners, Matuariërs (or Matawais), Kwintis, and Bonnis or Alukus.

Although *Djuka* has become a term of criticism, the Creole generally admire the Maroon population. Many of the Creole see their own culture and society as being derived from that of the Maroons and they feel the Maroon population represents the Creole past. Of the women who delivered at s'Lands Hospitaal, 23.2% identified themselves as *Bosland Creool* or Maroon.

The Javanese

The Javanese are called *Yapanees* in Sranantongo and *Javaans* in Dutch. They find both terms acceptable although both terms are occasionally used in disparaging ways such as viewing breast-feeding as *Javaans* or referring to outhouses as *Javaanse toilets.* The Javanese only make up 18.4% of the total population.[10] Out of the women from the s'Lands sample, they make up 12.4% of the total.

The general image that the Javanese have of themselves and that others have of them is that they tend to get along with everyone, (although there are exceptions). Many of the Javanese and especially the older population maintain an interest in what happens in Indonesia and the small group that can afford it will attempt to visit the country at least once. A cultural center has recently been built for the centennial of Javanese immigration and public events are occasionally held to celebrate the Javanese heritage.

The Native Americans

Native Americans are referred to as a group in Sranantongo by the term *Ingi* or as *Indiaan* in Dutch. They only make up 1.5% of the total population and most of this small group live in rural or remote areas. Native Americans made up 2.7% of the women who delivered at s'Lands Hospitaal in January, 1991. Those who do live in the city tend to be the coastal Carib and Arawak. Other Native Americans include the Wajana (a total of 397 individuals) and the Trio (a total of 822 individuals) with just under 700 individuals identified as "other."

The Chinese

The Chinese are called *Sinesi* in Sranantongo and *Chinees* in Dutch. There are more Chinese in Suriname than Native Americans with 1.7% of the population, but only .6% of the women delivering at s'Lands Hospitaal defined themselves

as Chinese. Most of the Chinese own businesses in the city
and are generally successful. (One of the two Chinese women
that delivered at s'Lands had delivered her first child in
the United States and she was the only woman in the entire
sample to have a "class A" delivery which is explained in
chapter 8).

The Europeans

Although the current European population of Suriname
is about 0.5%, their presence is felt in larger proportion
than their numbers. (There were no Europeans in the hospital
sample). Europeans are generally Dutch and are always
considered so unless one knows this not to be the case. The
Dutch are classified into two categories in Sranantongo. A
Buru is specifically applied to descendants of Dutch farmers
in Suriname and the name comes from the Dutch word for
farmer. It is also generally applied to any White who
appears to work hard or is a native Surinamer. The other
class of Dutch are the *Bakra*. These are the urban, well to
do, or foreign Dutch. For some speakers the use of *Bakra* has
a negative tinge.

If a person's nationality is known then it is
generally indicated in referring to that person. An American
male becomes *Amekan boy* or *pikin Bush* "a child of Bush" (the
U.S. president during the period of this research).

The "mixed" population

The final category is called *gemenged* in Dutch and *moksi* in Sranantongo (or "mixed"). This group made up the final 4.4% of the total hospital population. Those who would like ethnic distinctions to disappear in Suriname are hoping that this group will eventually expand to include all Surinamers. But presently even those who are called *moksi* by friends will often identify with one of the major ethnic groups.

The Political Situation

In the years following the second world war, when many former colonies gained independence, Suriname got more political freedom and control over internal affairs, but it did not become completely autonomous from the Netherlands. In 1975 Suriname gained its independence. Events surrounding its independence have changed the country of Suriname dramatically. More than 100,000 individuals (mostly Creole) kept their Dutch citizenship and went to the Netherlands in the period approaching independence--meaning that a country the size of the U.S. State of Georgia, with fewer than 400,000 individuals mostly concentrated in one large urban region, underwent a dramatic population reduction. The large numbers who emigrated has resulted in many Surinamers having family members in the Netherlands that can send money or other goods (although some complain that relatives do not send much if anything). High levels of emigration (mostly of

males) have contributed to current demographics where more than 50% of the population is under 20 years of age and disproportionately female. During the same period of time there was also a large increase of migration from the interior into Paramaribo.

Independence has also been followed by political upheavals. Suriname went through a coup d'etat in 1980, less than three years after the first elections in 1977, followed by a series of political assassinations in 1982, and the rise of the Jungle Commando, a Maroon insurgency. The military government stepped down in 1987 when democratic elections were held. A Native American military insurgency split in 1990 from their alliance with the Maroons to create the Tucayanes Amazones. On Christmas eve of 1990 a "telephone coup" by military leaders toppled the government. The military again stepped down in 1991 allowing democratic elections to be held.

Hopes of pending agreement between insurgents in the interior and the Suriname government officials as well as warnings by the Netherlands and U.S. against another coup attempt may lessen the political turmoil in the country. However, Brana-Shute's (1987) characterization of a "surprising Suriname" may continue to express itself in the political arena.

The Economy

Politics continue to intact with the economy. The mining sector (mainly bauxite) dominates the economy, since it accounts for almost 75% of the total export earnings for the country. Its successes and failures are felt by almost everyone. Rice, tobacco, bananas, tropical woods and other agricultural products as well as some oil production are important exports for the country.

When Suriname became independent it received the famous "golden handshake" from the Netherlands. A promise of almost one billion dollars U.S. in aid over a ten-year period would have had a phenomenal impact in such a small country. But after the first coup d'etat this aid was held by the Netherlands in an attempt to influence the internal affairs of Suriname and still has not been released.

Suriname continues to be plagued with problems. In the past year there have been at least five flour shortages which meant no bread or *bami* (egg noodles), two of the country's staple foods. During these shortages American officials, in televised speeches, stated that Suriname needed to pay for the last wheat shipment before the next one would be sent. Rice, the third and most important staple, always seemed in plentiful supply, although many rumors were passed around that it would also be difficult to get soon. It is doubtful that events would progress that far, but fears that rice would disappear were very real.

The country's economy has accelerated its decline in the past several years and is experiencing a chronic shortage of foreign currency. Production declines since 1987 have led to soaring unemployment which currently makes up almost 34% of the total work force. Suriname's dependence on imports and a limited supply of foreign currency has led to soaring prices and a scarcity of a wide range of goods. There is a large parallel or "black market" and most imported goods such as medicines and consumer items are purchased paying the high rates asked for foreign currencies. Despite the parallel market, the official exchange rate has been held at about a constant 1.77 guilders per dollar and an even trade of one Suriname guilder per Dutch guilder. In contrast to this, during 1989-1990 the blackmarket rate was generally reported at about sixteen to eighteen guilders per U.S. dollar or eight to nine Dutch guilders per U.S. dollar with some reporting exchanging Canadian dollars for as high as twenty guilders per dollar and others reporting similar rates for U.S. dollars.[11]

Languages

There are many languages spoken in Suriname. They are generally defined by different ethnic and cultural boundaries, although these boundaries are not distinct. The "best spoken language" of an individual will generally be defined by ethnic and cultural affiliations, but either

Sranantongo or Dutch is known by almost everyone with Dutch
as the official language (see table 2).[12]

Sranantongo

One of the most widely used languages in Suriname is
Sranantongo (literally "Suriname-Tongue"). The language is
sometimes referred to as *Negerengels* in Dutch (or "Negro
English"). This term is incorrect, although accepted by many
Surinamers, since Sranantongo is not a type of English but
has a unique syntax and a modified English lexicon with
considerable contributions from Dutch, Portuguese and West
African languages.

Table 2
The Best Spoken Language of the Suriname
Population Six Years Old and Above by Ethnic Group

	Dutch	Sranan-tongo	Sarnami Hindustani	Javanese	Other	Total
Creole	61,389	27,939	195	90	1,318	90,931
Hindustani	11,250	1,496	71,505	23	443	84,717
Javanese	2,724	561	22	34,766	35	38,108
Amerindian*	980	944	1	–	447	2,372
Chinese	2,581	237	1	5	1,663	4,487
European	3,455	15	1	4	144	3,619
Other	1,558	156	2	37	528	2,281
Total	83,937	31,348	71,727	34,925	4,578	226,515
%	37.1	13.8	31.7	15.4	2.0	100.0

*not living in tribal groups

Source: Edward Dew 1978:11

The term *Taki-taki* regularly appears in English language publications--even academic ones (e.g. Alleyne 1985) as the name of a language in Suriname. It is generally used to refer to Sranantongo, although it has been used for Maroon languages too. The term is a Sranantongo word meaning "to gab" or "to chatter" but it is not a complementary one and it is not used by Surinamers.

Sranantongo's resilience over the years has been remarkable despite the fact that children are neither allowed to speak it at school nor in the homes of the upper class or many of the middle class. There have been increasing attempts to write in Sranantongo although to date most of the material produced has been fiction or poetry (e.g. van Kempen 1986, Grot 1987). Recently, a news program has been produced in Sranantongo which is aired on one of the two television stations.[13] While most of the broadcasting is still done in Dutch--the official language.

Dutch

Since the emancipation of slaves on July 1, 1863 Christian missionaries and others have taught schools in Dutch and it is still the official language of Suriname. The Dutch spoken in Suriname differs from that spoken in the Netherlands (or the numerous local dialects spoken in the Netherlands) not only in the accent given to it but also in some grammar constructions and vocabulary. Besides producing

television shows in Dutch, both of the national newspapers and the most popular radio station in Suriname use Dutch.

The two major languages of the city (Dutch and Sranantongo) are both spoken on the streets and most of those who were born and raised in the city are proficient in both languages. For the Creole population 69% have indicated that Dutch is their "best spoken language" while 31% have indicated that Sranantongo is their "best spoken language" (Dew 1978:11). Both Sranantongo and Dutch were used during interviews to gather data for this research and Dutch was used exclusively in the mailed questionnaires.

Other languages

Other languages spoken in Suriname include Sarnami Hindustani a derivative of two Hindi dialects--Avadhi and Bhjpuri. This language has incorporated elements of Sranantongo and Dutch as well as some English because of the large number of East Indian immigrants from Guyana. Javanese is also spoken although it differs from its parent language in Java, Indonesia in that loan words are not only drawn from Bahasa Indonesia but also Sranantongo and Dutch. English is spoken by some immigrants as are Chinese (Manderin, Hakka, and Pundhi), Arabic (a larger number using it in ritual contexts), Native American languages (including Arawak, Carib, Wajana, Trio, Akurio and others), and a variety of Maroon languages the most influential of which are Saramaccan and Aucaans.

The Religions of Suriname

The religious beliefs of Surinamers are as varied and complex as are their languages. Native American animistic religions are still found in Suriname, although indigenous religions take a less prominent position in the lives of Native Americans currently than Catholicism in coastal regions and Protestantism in the interior.

Although a little missionary activity was conducted by the Moravian Bretheren from as early as the eighteenth-century among Native Americans and slaves, proselytizing only began in ernest after the emancipation of slaves in the late nineteenth-century. Before this time the religious life of the slaves had become in part a syncretization of beliefs drawn from their divergent African pasts and the Native American groups around them and in part completely new ideas and experiences that dealt with the situation in which they found themselves. This religion has become known as *Winti* from the word for "wind" or "spirit." Wooding (1981) points out that, although this religion is similar to others in the Caribbean in that it syncretized beliefs from a variety of sources, it differs from other Caribbean religions in that Christianity was never included in the syncretization process. The slaves who escaped into the interior and established Maroon societies took religious beliefs with them that are similar to *Winti*.

Although *Winti* has been termed "the Creole religion," this is not completely accurate. Most Creoles are Roman Catholics or Moravian with many adherents to other Protestant denominations. However, participating in a Christian religion does not preclude the participation in *Winti* activities as well and many are involved in both religions.

Some Christian denominations denounce participating in *Winti* and the leader of a small revivalistic denomination (the Mosterd Zaad), who had formerly been a traditional healer, decries *Winti* as serving the devil. It is not uncommon to find Creole men and women who have not been to *Winti* ceremonies in years although most have participated in or seen a ceremony at some point in their lives. For others *Winti* serves as a social function, a place to go dance and meet people, although religious feelings may exist as well.

Winti religious observance involves serving supernatural beings called *Winti* and in turn receiving aid from them in everyday or special circumstances. Using special protective charms is also viewed as part of these beliefs as are a variety of healing practices. Those that involve pregnancy will be dealt with in greater detail in subsequent chapters.

Maroons have also been influenced by a Christian presence although to a lesser extent than the Creoles. They also define their religious beliefs to outsiders in terms of organized religions. Maroons who do not belong to a specific Christian denomination will consistently reply "no religion"

in surveys rather than asserting other beliefs. They have also experienced various prophetic movements and religious revivals (Thoden van Velzen 1977, 1978; Thoden van Velzen and van Wetering 1975, 1982). The other segments of the population have also been influenced by various Christian denominations and a small number have joined specific groups.

About 60% of the Hindustanis belong to the orthodox Sanatan Dharm and another 20% the reform Arya Samaj Hindu faiths. Most of the rest are Muslims. Islam is also the religion of almost all the Javanese. Both groups are Sunni Moslems with the Javanese belonging to the Shafi'ite school and the Hindustani the Hanifite school. There is evidence that some of the Africans brought over in slavery were also Moslems but there are no apparent members now among their descendents.[14] In the late eighteenth century and into the nineteen century there were also many "free people of color" and later freed slaves who were Jews. The Jewish influence on Suriname was important and historically there were large numbers of both Sephardic and Ashkenazian groups in Suriname. Although some Jews still live in Suriname, their numbers have dramatically declined to the point that they currently fill an insignificant niche in the society. There are other religious creeds in Suriname of course but their influence on the society is small enough to warrant their exclusion from this discussion.

The religious affiliation of women who delivered at
the hospital was recorded but there is no indication of the
extent of religious activity (see table 3).

Table 3
Religion of Delivering Women

Creole n=79			Hindustani n=112		
Catholic	41	(52%)	Hindu	96	(86%)
Moravian	23	(29%)	Muslim	11	(10%)
Full Gospel	3	(4%)	Christian	3	(3%)
Jehovah's Witness	3	(4%)	Moravian	1	(1%)
Other	4	(5%)	Catholic	1	(1%)
None	5	(6%)			
Javanese n=43			Maroon n=80		
Muslim	38	(88%)	None	29	(36%)[15]
Catholic	4	(9%)	Catholic	28	(35%)
Moravian	1	(2%)	Moravian	18	(23%)
			Full Gospel	5	(6%)

Source: s'Lands Hospitaal Delivery Records, January,
1991
Note: Some percentages may not add up to 100 due to
rounding.

For the African-American population there is also no
indication of participation in non-organized religions (note
specifically the Maroon response to religious affiliation).
It should be remembered that this population represents only
the women who delivered at s'Lands Hospitaal. The small
population of "other" religions may be influenced by the fact
that some of the other religions in Suriname (i.e. Dutch
Reform) have congregations that may be better off financially
and/or are less likely to have children.

Summary

Suriname's initial development under colonial rule was as a plantation economy where slavery was the major source of labor. After the emancipation of the African-American slaves, contract laborers were brought in from India and Java (Indonesia). Suriname has since developed into a very diverse population with a variety of languages, religions, and racial groups. Ethnic identity is largely based on race and language spoken but also includes other factors. The self identified ethnicity of women who delivered at s'Lands Hospitaal January 1991 is illustrated in table 4.

Suriname has undergone a series of economic and political crises and continues to struggle to preserve its democratic government, its economic independence, and its national identity.

Table 4
Ethnic Identity of Hospital Sample

Hindustani	32.7%	Mixed	4.4%
Creole	24.1%	Native American	2.7%
Maroon	23.2%	Chinese	.6%
Javanese	12.4%	European	–

Source: s'Lands Hospitaal Delivery Records January, 1991.

---

[1]Guiana is presumably a word of Native American origin.(Mitrasing n.d.:9).

[2]The reader will note the difference between the term used for the escaped slaves in this text (i.e. Maroons) and the term they use for themselves (i.e. Bush Negroes). The term Bush Negro does have a long

past in the region and van Velzen and van Wetering (1983:99) point out that informants rejected the term Maroon as another attempt by outsiders to put a label on them. I have not ignored this caution but have still adopted Richard Price's use of the term Maroon (see R. Price 1976). Although Bush Negro is a literal translation of the Sranantongo *Busu Nengre,* it brings with it negative connotations not generally held in Sranantongo. Maroon was derived from romance languages but developed its English form in Jamaica in reference to run-away slaves there. It does not bring the negative connotations with it that Bush Negro does and so will be used in this text to refer to African-Americans in the Amazon rainforests of Suriname.

[3]There is some suggestion that the Creole population had sought after city life for a long time. The Sranantongo proverb *Tangi foe Pans boko mi si beni foto* means "Thanks to the Spanish bok [a whip used for punishments] I got to see inside the city." Although this proverb (or *odo*) is currently used to illustrate that their is a positive side to horrible situations, it also indicates the contrasting excitement of city life in juxtaposition to the doldrums of plantation tasks (R. Brana-Shute 1990:133).

[4]see Brana-Shute (1975, 1979) for a discussion of the *winkel* and its importance in male Creole life.

[5]The National Planning Office of Suriname 1988) has published these figures as 169,798 inhabitants for 47.8% of the population. They do not give the specific year from which these numbers are derived but when 47.8% of the national population is taken for each of the years listed by the planning office a slightly higher number is derived than the 169,798 figure given by the planning office.

[6]Infant mortality is discussed in chapter 8. The birth totals for 1988, 1989, and 1990 are, respectively 9,094; 10,217; and 9,545, although the rest of the data for these years is not available.

[7]These figures add up to 99.0% due to rounding.

[8]These figures add up to 100.1% due to rounding.

[9]Although the Creole are generally not more specifically defined, sometimes they are narrowed to *Stads Creool* or *Foto Nengre* both terms which refer to 'City Creoles.'

[10]Total population percentage is based on the report Health Conditions in the Americas (1990:257).

[11]The higher rates were always reported by the news when black market rates were discussed but regular questioning of the young men who bought foreign currencies in the large waterfront market never elicited such high figures. But the young men in the market in turn sold their money to another person for higher rates and others claimed they got the reported high rates through their contacts and they had every reason to lower their quotes of rates since they were giving these rates to family members outside the country when requesting more foreign currency.

[12]More recent data on language use is not as inclusive as that included in the text. One recent study looked at the media languages spoken by mothers of children with diarrhea but it did not include Asian languages. The results were as follows:

Languages Understood and Read in Suriname

Language	Understand	Read
Dutch	94%	92%
Sranantongo	92%	40%
English	44%	--
Aucaans	21%	0%
Others	21% (e.g. Saramaccan)	6% (English or French)

Source: Krishnadath and Caffé 1991:20-21.

The number of respondents for this survey was n=48.

.[13]There are still a variety of variations of spelling in Sranantongo. The variety used in this book is the the one used by De Drie (1984, 1985) because it tends to use fewer letters than the spellings based on Dutch pronunciation.
[14]The evidence is mentioned by Voorhoeve (1962) who notes that in 1700s there was a Sranantongo term for a Black Moslem.
[15]Follow-up questioning of Maroon women who told the midwives they did not have a religion indicated that they did participate in religious ceremonies associated with the historical religions of the Maroons. Their response to this question was in terms of organized religions.

CHAPTER 4
METHOD

Population Studied

Although the Creoles of Paramaribo, Suriname were the focus of this research, much of the data presented has been derived from the narrower population of women who delivered at the public hospital (s'Lands) in Paramaribo. Since this is the hospital where publicly funded births take place, the lower strata of society are the main clients of the hospital. Approximately half of all births in the entire country take place at s'Lands which makes for a larger uniform sample than would be the case at the private hospitals.

There are four other hospitals in Paramaribo that serve the surrounding area, but they are not nearly as influential as is s'Lands. The military hospital deals with an insignificant number of deliveries. The Protestant hospital (Diakennessen Ziekenhuis) do not generally deliver infants of lower income mothers. The teaching hospital (Academische Ziekenhuis) generally deals with unusual cases.

Women rarely deliver babies at home in Paramaribo. Those births that do occur at home are usually unplanned and the baby is brought to the hospital immediately afterwards. Occasionally a woman will call on a midwife from the hospital and pay for a home delivery. These women are usually

84

relatively wealthy or illegal immigrants, both groups that do not fall under government subsidized funding for births (discussed in chapter 8).

Methodology

Several research methodologies were used to gather data. These are discussed under separate catagories for clarity and organization but in some cases more than one research method was used to elicit data on a specific topic. The source of a specific set of data is mentioned in connection with the presentation of the results in the appropriate chapters.

Language Use

The most important research technique used to gather data for this dissertation was thorough preparation in the languages used by the Creole of Suriname. Dutch was studied in an academic setting and used for several years with native speakers in the Netherlands (including speakers from the Republic of Suriname). I have been rated completely fluent in an official language evaluation by a native speaker and language instructor at the University of Florida.

Preparation in Sranantongo, the other major language used by Creole women, was not as easy since it is not taught in an academic setting outside of Suriname (an only occasionally within the country). All of the literature available on the language was consulted before visiting

Suriname from July-August 1990. While in Suriname during this period of time, Sranantongo was used as often as occasion permitted and spoken Sranantongo was recorded for listening and preparation for improved language ability during the June-December 1991 period of research. Efforts to improve my ability to speak and understand Sranantongo were continued throughout the research period.

Research was conducted using both Dutch and Sranantongo, depending on the preference of the informant and the nature of the topic. Sometimes both languages were used in the same interview for clarification of concepts. There was not a single informant that did not use fluent Dutch. Only a few upper middle class individuals stated they did not speak Sranantongo (although they were later observed to understand it perfectly well when used by other individuals). Sranantongo became important when interviews were conducted with Maroon women at the hospital.

Participant Observation

A major component of the methodology used to gather information for this study was participant observation. This method was continually used throughout the research periods of July-August 1990 and June-December 1991. An attempt was made to "participate" in as many activities as possible within the community setting. This activities included social gatherings, such as four weddings, a funeral, birthday parties, and religious services (these included *Winti* dances

and gatherings of several Christian denominations).[1] Other
activities were on a more personal level, such as trading
turns weeding yards, fishing by kerosene lamps in the
Suriname river, or other daily tasks made easier by the
opportunity to swap stories and discuss issues. Some
activities were on a more private level. Births and
postpartum recovery fit in this category. Participating in
deliveries allowed me to learn information that would be
difficult to get any other way. I was also able to ask
questions about the activities of the midwives during the
deliveries as they were actually carrying out their duties.

Participation in daily activities was important for
two major reasons. First, it created friendships and mutual
respect. When people saw me or family members on the street
they would come out and ask if we were the ones they saw at
the dance or other event. As I became well known, the trust
level was higher than would have been the case had I shown up
on the door (as I sometimes did) as an unknown person wanting
to ask questions. The second benefit provided by
participation was the information it generated. I was often
able to ask questions about activities in a setting in which
the activity was being carried out. Observing activities
also served to reinforce or modify information given by
informants often based on what they saw as typical or ideal
behavior rather than what was actually done.

Hospital Records

Data was also gathered from hospital records for women who delivered at s'Lands Hospitaal. The records of all women who delivered in January 1991 were examined for specific information. January was chosen since it was long enough before research was begun that all the records for that month would be gathered and available in the hospital archives and yet it was recent enough that the information would be current. These records yielded data for three hundred and seventeen women (n=317). This was the group presented in the characterization of the ethnic identity of the hospital group presented in the previous chapter (chapter three) and much of the data presented in the rest of the dissertation. The ethnic identity of this population was approximately 33% Hindustani, 24% Creole, 23% Maroon, 12% Javanese with other groups making up the rest.

The information in these records was given by the women to midwives. The midwives would ask a series of specific questions as each woman was brought into the delivery area of the hospital. There was generally no attempt to keep this information private. The midwives would sit at the desk and loudly ask each question on the form while the laboring woman would respond between contractions. Although a few of the responses, such as ethnic identity, were generally recorded without outside verification, many of the responses required verification by law. Those specifically checked carefully included method of payment and

marital status. The method of payment was always checked carefully since the hospital was naturally concerned about later billing procedures. Since most of the women received some type of government support, a government representative had visited them in their home, looked at income statements and household items, and talked with neighbors and others aware of work activities and likely sources of income. This careful checking combined with the relatively low cost of births (when compared to the U.S.) means this information is probably highly accurate. Marriage records are also checked carefully and each woman is required to present her "family book" where this information is legally recorded. The midwives said this was required since Hindustani women would occasionally try to give birth listing a different man as the father than their husband. Women generally do this as a favor to childless relatives and friends because of the high value they place on having children. Two women attempted to do this while I was in the delivery room but they were required to show their family books and it was not allowed. It appears, because of this, that information on marital status is also very accurate.

Interviews

Besides reliance on data gathered by the midwives at s'Lands, I also conducted structured and unstructured interviews.

Structured interviews

The hospital records used in the sample mentioned previously, but of a later date, were also consulted in conjunction with a more detailed extended interview administered to a sample of women during postpartum recovery.

These interviews were conducted after the midwives records were delivered to the nurses in the recovery area. This was at least six or seven hours after the delivery, but before women went home--typically 24-36 hours after delivery. Since the women all ate their meals at a communal table in the middle of the room, they had to get up and move about during meal time. Most of the interviews were preformed around lunch time when the women were awake and active but not while they were eating. Other interviews were completed at another convenient time arranged by the women but before they left the hospital.

Depending on the responses of the women, the interviews could take anywhere from twenty minutes to an hour. This included a short explanation of who I was, why I wanted to interview the woman, and what would be done with the information. Confidentiality was assured and any questions the woman had were answered. Questions began with simple inquiries on non-threatening topics. They then moved into more detailed and personal areas and ended with more straightforward areas. The answers given were compared to similar information in hospital records, where this was applicable.

The questionnaire had been pretested and revised seven times before it was administered to the hospital sample to make it more relevant to their experience and less ethnocentrically biased. The first six pretests were given to women in July and August 1990. The first two pretests of the questionnaire indicated it was so out of the realm of experience of Creole women it needed drastic revisions. This after being administered to one woman each time. The next four pretests were each given to two women and revised only slightly. The final pretest was given to eight women (including two nursing officials) in July of 1991. Some slight modifications were made in wording and order of questioning after which the questionnaire was administered to women at the hospital.

From August 1 to August 14 extended interviews were administered to women at s'Lands during postpartum recovery. The first week every woman that delivered was interviewed. Since it was a great time commitment, and some women almost left without the chance to participate, it was decided to just concentrate on the population of African decent to make sure that all Creole women were interviewed. Since those paying for their own births were likely to go home earlier than other women, missing some of the women would have made the data less representative. Interviews were ended on August 14 due to a desire to avoid exposing mothers and infants to a severe cold I had contracted during this time.

These interviews were administered in the recovery rooms of the hospital (there were three large rooms with approximately sixteen beds per room) or on the balcony where women sat to watch the foot traffic below.

Although the tone and process of interviewing was much less disruptive than those done in the delivery room, these women were rarely completely alone during the interviews, since the recovery areas had so many beds and there was always more than one woman in each room. One interview was translated by a family member. The woman interviewed, a Saramaccan, did not speak Sranantongo or Dutch. During visiting hours a sister translated from Sranantongo to Saramaccan and back into Sranantongo.

A total of 41 women were interviewed: this included seven Hindustani, two Javanese, two Native Americans (both Carib), and one "mixed" woman. Out of the fourteen Maroon women interviewed, eight were Saramaccan and six were Ndjuka (or Aucaans). Fifteen Creole women were interviewed of which two were primiparas. There were nine primiparas in the total group of 41 women, while 32 were multiparas. Other characteristics of this population are presented in subsequent chapters.[2]

Semistructured and Unstructured Interviews

Semistructured interviews were carried out during the entire period of research. These interviews can be characterized as those that were recorded. Generally a list

of questions or a specific topic of interests was the focus
of these interviews. A total of thirty-eight hours worth of
interviews were recorded on tape, some of which were wholly
or partially transcribed. Nine informants participated in
these semistructured interviews to varying degrees. Of the
five women who contributed information on this level, a 72
year old woman and a 74 year old woman each gave brief life
histories and details about the births and postpartum
recoveries they experienced. An 89 year old retired midwife
discussed her experience over the years. She also discussed
the experiences of her mother who had learned midwifery
through practice and sharing knowledge with other midwives in
the districts where she had worked. The last woman, a 30
year old who lived in a rural area some distance from the
city, had delivered six of her children at s'Lands Hospitaal.
She delivered her seventh child in a car on the way to the
hospital during the period of fieldwork. She contributed
many hours worth of work, talking with relatives, and
gathering plants and other artifacts like a binding cloth and
materials for postpartum recovery. She also recorded
interviews on specific topics agreed to in advance that she
would generally think about and discuss with others before
putting her information on tape.

Of the four male informants, one 89 year old man gave
a brief life history and discussed earlier experiences in
fathering children and parenting. Another informant, a 29
year old man, had been trained as a healer by his mother who

was well known by the community and often sought after for advice. He contributed his knowledge of plants and his experience as the father of a number of children. The third informant, a 25 year old male, was studying nursing and working at the hospital. He was in love with a girl who was a nursing student in midwifery. They had wanted to get married and received opposition from both their mothers. This event continued throughout the research period. It was discussed in a number of interviews along with other information related to the topic. The final male informant was a 42 year old man who contributed extensively to the study. He was the father of a twelve year old daughter in the city and an son was born during the research period by another woman. He had spent some time in jail when several cows from a government official were inexplicably "found" on his land and was considered a marginal member of society by some. During a period of about a month, when I was ill, he came every evening to discuss specific prearranged topics. He would ask others their views on the topics (especially other family members) and he would write out information in preparation for our interviews. He also arranged interviews with a *bonuman* and accompanied me to *Winti* ceremonies and other events.

A lot of unstructured interviews were conducted. People were asked in the context of everyday events to explain something going on or to express their views on something. An example that bears directly on the focus of

this dissertation, was a discussion held on Dr. Sophie
Redmondstraat, one of the main streets of the city, about why
men do not want to acknowledge paternity. This interview was
not recorded (although statements were jotted down in a
booklet and written in detail later) and at one point up to
seven men participated in the discussion with several women
watching from the sidelines. These types of "interviews" or
discussions were numerous, informal, and arose out of
specific circumstances.

Summary

Research was confined to greater Paramaribo--the
population served by the public hospital in the city.
Methods used to obtain information from this population
consisted largely of participant observation during July-
August 1990 and June-December 1991, the collection of data
from hospital records for January 1991, and structured,
semistructured, and unstructured interviews conducted in
Dutch and Sranantongo.

[1]As an illustration of the nature of these activities, Kim Staker, my
wife and research partner, made a *kotomisi,* or women's outfit like those
worn during slavery, with the help of a good friend. She wore it to the
emancipation celebration intending to watch the other women get up and
dance in their costumes stating their reasons for competing. (The most
common reason they gave was that they wanted men to notice them). Kim
was urged by several of the women to enter the competition and so she
got up and danced in her large dress too. (Some say the dresses were
intentionally designed large to make a woman look pregnant. Either to
hide the pregnancy from the slave owner's wife or to make the woman less
attractive to the slave owner. For other interpretations see, van
Putten and Zantinge 1988).
    Kim ended up winning the third prize of sf.50 in the competition.
After that, when she would walk down the street, she would occasionally
be approached by people who would ask if she was the one that had danced
in the competition; and later, when some of our friends would report on

e gossip about us and how we were *bun sma* or "good people," Kim's participation in the emancipation day dress competition was mentioned.

[2]During the period of fieldwork, questionnaires were sent to 100 Creole women who had delivered between July and September 1991 (see Appendix C). At the same time 100 questionnaires were sent to another group, this time the fathers of children born between July and September 1991. There was no careful pretesting of these questionnaires like there had been with the ones administered in the hospital and Dr. Caffé, of the Department of Public Health, insisted that a mailed questionnaire would not work in Suriname. The nine female and two male responses received from this survey showed her initial judgement to be right. However, the process of producing and mailing these questionnaires was educational by itself, and the responses that were produced raised important questions that could be asked informants.

Despite the low response rate, mailed questionnaires may eventually prove useful in Suriname. With more careful pretesting and careful wording of instructions and questions, in addition to a shorter questionnaire on less threatening topics than the one mailed, a much higher response rate should be achieved.

CHAPTER 5
THE MATING SYSTEM OF SURINAME

Interaction Between Men and Women

Many Creole women in greater Paramaribo live parts if not long segments of their lives with their children and their mothers. Men will also often live for long periods with their mothers and siblings, but less often with their children. They are more likely to spend much of their time with male friends.[1] This contributes to the general perception that men and women lead separate lives in the Caribbean (Wilson 1971). Although this may be true in part, there is also a great deal of interaction between men and women and some develop very close relationships.[2] How these relationships are established is perceived by many Surinamers as indicative of the likelihood that men will acknowledge paternity.

The Development of Relationships

The mothers of those who are establishing initial relationships will often control, or at least exert a great deal of influence, on the way those relationships are formed. A Creole woman who commands respect should always be aware of what her children are doing. She will attempt to prevent her

daughter from getting pregnant too young. This is generally considered the mother's concern rather than that of her daughter since it will likely be the mother who cares for such a child. Pierce (1971) argues that most Creoles feel below sixteen years of age is too young for someone to get pregnant. (See the following chapter for a discussion of age at first birth). Informants tend to agree, however, that interest in relationships begins to develop around ten or eleven years of age. This means that there is a long period of time when mothers feel they should be protective and concerned.

School Relationships

Early relationships will occasionally begin at school. Informants indicated that clothing is important for attracting the interest of others, although how influential one's clothing is remains unclear. Everyone who goes to school wears the required school uniform. The government subsidizes these uniforms so that this can be expected. All of the boys in the lower grade schools have green plaid shirts and blue pants while all girls wear plaid shirts with blue skirts. In the higher schools teens wear solid light blue shirts and jeans or skirts. These uniforms are often modified to fit the latest fashions and, for female students, to exhibit sewing talents. Large groups of people are seen going to or coming from school wearing a uniform but they quickly disappear from the streets between 12:00 and 1:00

p.m. when all the students go back home and change. Clothes worn after school while socializing on the streets will often imitate styles worn by Black Americans on television shows. Making sure that clothes are clean is seen as important.

At least as important as clothes, and probably more so, is behavior. It is important to appear *rustig*. This literally means "restful." Although many ascribe the same connotation "cool" has in American English and folkculture to *rustig*, the term also reflects its literal meaning. Generally if people are *rustig* they do not have problems or difficulties. They do not have cares or worries to burden them causing their shoulders sag or slouch. Suriname body builders will say that lifting weights helps them to look like they have no cares or worries.[3]

Street Relationships

Although some relationships may develop in school, these and many other relationships often blossom on the streets of Paramaribo.

Established relationships

When male students get home from school they change their clothes and go back on the streets. Others do not go to school at all but will spend the day out on the streets—joined by friends when school lets out. Almost 30% of those who are out of school are unemployed and they too spend much of their time on the streets. Even those who work often

spend their free hours on the street or in the waterfront market place. Men frequently stand on street corners or in front of shops around the city. They tend to congregated on specific corners and in regular shops. Some sell loose cigarettes, hard candy or shaved ice while participating in discussions of the group.

Women who are alone or with other women generally get comments from men in these groups as they pass by. Invitations to accompany the men home or attempts to make conversation with women are often made; some men will make smacking sounds with their lips or other sounds that will elicit laughter from friends. Occassionally men are persistent in their advances. A woman in her late thirties turned around and asked one man if he really wanted her; she said he could have her if he would take care of her six children too (she lied she only had two). When she retold this story to her extended family, they laughed. She added that the men on that corner never bothered her after that.

New relationships

Women and men occasionally meet lovers on the streets. One of the most popular ways of tying an *anisa* or head covering during emancipation celebrations means "meet me on the corner." It was often used during slavery to arrange trysts with other slaves without masters finding out. Now, if a woman does not have a man with her while walking downtown, men will say, she is generally considered

available. Attempts to initiate conversation with these women include comments on various aspects of their appearance or questions such as "Do you remember me?" if a man has previously talked to a woman. Women are not generally expected to initiate conversations but occasionally they will ask a man a question and develop a conversation. Some men avoid walking too closely to a woman they do not know. They say if a woman has a male friend and the friend thought they were walking together it could bring trouble. If a relationship on the streets does begin to develop, it is generally the woman that gives her address and invites a man to come and visit her at her home.

Social Events

Relationships also develop at social events. One of the most common places for relationships to develop is at a dance.[4] Dancing is a part of many social and religious events and even young children are allowed--and occasionally encouraged--to dance by themselves. But most adults will dance with another person even if that person is a great deal younger or older. It is not considered improper if a thirty year old woman dances with a sixteen year old man (even if she is married to another man who could not come to the social event) or for an elderly man to dance with a woman in her teens. But Herskovits' (1936) earlier report that these dances are not viewed as erotic by the participants, even though they appear so to an outsider, does not reflect the

experience of present day Creoles. Although participants do not consider dances in which hips, thighs, and buttocks are rubbed together as improper they see a clear erotic content in the dancing.[5] It is generally after dances are over and people are leaving that interest in others is expressed and relationships are established.

These relationships do not just develop casually with anyone. Although clothing and *rustig* behavior continue to be important, there are definite preferences for those with whom one would most like to develop a relationship. Men generally like a woman with an attractive buttock region--which they described as relatively large and round. While appearance is not generally as important for women as it is for men, women do feel it can indicate other qualities about a man. If a man has expensive looking gold chains or bracelets or imported clothes, for example, he probably has a good source of income. If he gives compliments, he may express good behavior in other ways as well. Having good character, or being a *bunsma* "good person," is important to the establishment of relationships.

Character

The most important indication of good character for the purposes of this discussion is a willingness to acknowledge paternity. This is discussed separately below. Other indications of good character can also support a woman's belief that a man is likely to acknowledge paternity.

Some of these indications are exhibiting proper intimate behavior and knowledge and being socially sensitive.

Proper Intimate Behavior

For the Creole population, a person with good character will not be indiscriminate with intimate behavior and does not "sleep around." The worst insults available are attacks on the sexual behavior of an enemies mother. "Fighting words" include *Yu ma pangpang* or *Yu ma pola* which both mean "Your mother is a vagina." The implication is that the mother sleeps with anyone and has no other interests than sexual ones. Theoretically one could also insult a person by saying *Yu pa bal* or "Your father is a penis" which would have the same connotations; however, no one ever claimed to have used this phrase.[6]

The fear of having a partner who is untrustworthy in a sexual relationship was expressed by a number of informants and during discussions on the street. A popular phrase used by men is "when you go to work then your *vrouw* goes to work."[7] Meaning that she sleeps with other men while you are away and these men give her money (not necessarily to buy sexual favors--like a prostitute--but to help support her as their "*vrouw*" too). Although male informants would sometimes claim their partner was sleeping around and dissolve a relationship, women would usually deny the fact. It generally appeared that the women in question had not been involved in another relationship. In fact women were twice

as likely as men to say they would have guilty feelings if
they had a relationship with someone other than their partner
(Babb n.d.:99). And almost half of the women in one study
reported they would like to have a relationship with another
man but did not dare; none of the men reported such feelings
(Babb n.d.: 95).

An important phenomenon associated with improper
intimate behavior is the expression of *dyalusi* or "jealousy."
A widely known example of this was reported in the papers. A
25 year old woman was fined sf.300 by a judge for spreading
slanderous letters. She had used paper from the Department
of Public Health and wrote a notice that her former boyfriend
had AIDS and women should avoid him. She included a picture
on the notice and posted it around town. The woman told the
judge that she had done it because the man had been keeping
several other *vrouwen* as well. Although the newspapers used
the woman's name they referred to the man as "playboy" rather
than by name (De Ware Tijd 1991:11).

Proper Intimate Knowledge

Although it is not viewed as good character to sleep
around, it also is not good character to be sexually naive or
gullable. This can be seen in the story told of Anansi the
spider and Doctor Mantwari.[8]

> Shush! Harken well. In a country there was a
> doctor called Doctor Mantwari. There wasn't a grander
> doctor in that country. He received so many people
> that he didn't have the hands to examine [all] the
> patients.

Now then, Ba Anansi hears of that doctor, then he takes Sa Akuba[9] there. Sa Akuba is sick. Because of the type of sickness that Sa Akuba is sick with, Ba Anansi says "Oh my doctor, my wife Sa Akuba is here and has a sore that won't go away."

For an hour the doctor Mantwari examines Sa Akuba and tells Ba Anansi, "You are right. You are a man of understanding because the woman is sick — absolutely right. But I can't give you the woman here to go away now. She must go to the hospital immediately!" He takes Sa Akuba directly and admits her.

"This sore that she has can fester and give her an infection after which the woman can die," he says. "But one thing I shall tell you, you must go and take strong food and come here;" because you had to carry your food to the hospital earlier, then cook by boiling and give to the sick man [or woman].

Well, now you see, Anansi settles in his boat and goes away and the doctor Mantwari comes outside. He yells; he looks at Anansi paddling the boat and going away to buy strong food. He looks at the river; he looks. He yells:

Mantwar' oh, it is good, ooy.
Yes, I Mantwari look for the good that is given me, bah!
In the smallest thing God had pity for me, oh,.
Mantwari oh, it is good, eei.

Shh! Hear! Well, the hour that Ba Anansi turns to come back and sees Sa Akuba beautifully fat and quite round, he says "Oh, I pray the doctor, how is it with her?" The doctor says, "In the name of the master all is coming beautifully because I treated her to give you." He says "Her sore — I treated it — and give you, Ba Anansi. There remains a small matter; then the sore will decline. One small thing Ba Anansi, then the sore could stop." He says, "But it will last for weeks still." He [Ba Anansi] says, "My doctor, so long?" He [Doctor Mantwari] says, "yes, one must treat it a little; but then you must go buy a little food you can give her." Anansi settles in the boat and goes back away. Mantwari looks. He says:

Mantwari looks for the good that is given me, ooy.
Yes, I Mantwari look for the good that is given me.
A little thing that God had pity on me, oh!
Mantwari' oh. It's good, eeei.

Anansi goes. He cries. The sore of Sa Akuba still has not come good. The sore is big; the sore is so big! Anansi, he cries:

> Wind blows, oh wind blows, oh I have seen things.
> Wind blows, oh wind blows, oh I have seen things.
>
> The named, he cries. That Anansi, he cries. "Sa
> Akuba bears a child of Mantwari!" The named, he
> cries. That Anansi, he cries. And then outside he
> hears, waaaa! He runs and goes to look. He sees a
> child of Mantwari sitting on the ground.
>   Thus, he [Ba Anansi] himself took Sa Akuba to go
> to the doctor saying, he must go treat the sore. Then
> Mantwari treated the sore given to him.

Some view the last lines of this story as an *odo* or proverb.
In order to understand the ending one must interpret the
story since the teller does not say what type of sore
Mantwari is asked to heal. The most common interpretation
given by both men and women was that the sore is Sa Akuba's
vagina. Ba Anansi did not understand much about women and
thought her vagina was a sore which he asked Mantwari to
treat. The ending then makes sense since Mantwari did treat
her vagina as asked.

An alternative interpretation given by one woman
credits Sa Akuba with an active part in this event. Sa
Akuba, she said, had pretended to have a sore so that she
could get away from Ba Anansi to have a relationship with
Doctor Mantwari. But most of those who hear this story tend
to overlook the feelings or intentions of Sa Akuba and focus
on the relationship between the two men. Specifically,
Doctor Mantwari fathered a child because of Ba Anansi's lack
of understanding of women. We can add that women can use
men's lack of understanding to their advantage as well.

Being Socially Sensitive

A good person (*bunsma*) is often defined as one who is socially sensitive to the needs of others. A person who is ready to help others and helps them gladly fits into this category. A bad person is defined as someone who only thinks of himself and no one else. A bad person will use *wisi* to achieve goals. *Wisi* is viewed as "doing evil to another person." But it is also evil in a different—supernatural—context. It has its roots in envy, usually the envy of a big house, nice car, or attractive companion. It expresses itself, however, as a destructive force. Usually a relationship is split up or else it might be an injury at work or accident on the street. Even those who told me they did not believe in *wisi*, later, when something bad happened, blamed someone's use of *wisi* as the source of trouble.

This power can be used in several different ways. A small packet of objects can be left where the intended victim will pass over or touch it; or a *winti* (metaphysical being) can be sent to a person to do harm. If the person to be harmed is too strong spiritually then the *winti* will return to its sender and be given even greater power. The *winti* is usually given a time period in which it does its harm (i.e. within seven days kill this person). If the intended victim's spiritual strength or power remains too strong, the *winti* will choose another person in the area (preferably a family member of the enemy) to strike-out at in order to

complete it's task. *Wisi* is generally carried out by a *bonuman* and needs to be counteracted by another *bonuman*.[10]

Another way to split up two lovers is by using a piece of the plant *prat lobi*. This plant is slipped into the house of the couple and it causes them to separate. It is viewed as extremely potent and most people will assiduously avoid it. Using it is also considered antisocial behavior and not acceptable.

The Range of Unions

As individuals sort out different characteristics of other people and allow relationships to develop, there is a range of specific ways in which the participants structure these relationships. The patterns of unions in Suriname follow in general terms those found in other parts of the Caribbean as described in chapter two. There are extra-residential unions, consensual unions, and legally recognized marriages. Unions may evolve from one union type to another. If these unions change, they generally move away from extra-residential unions and towards legal marriage although as a union dissolves a subsequent one may begin at a different stage. At other times two different types of unions may exist at the same time. For example, a married person may have a *dorosey* or "outside" relationship with someone other than the marriage partner. (These differ from casual relationships in that they tend to be long-term relationships and include financial maintenance of women by men. A person

keeps a knowledge of these relationships from the married partner).[11]

Although these unions tend to move from extra-residential to consensual and from consensual to marriage, I deal with them in the opposite order in the following discussion. This is because legitimacy is the focus of this material and the concept of legitimacy becomes more complex and its recognition more difficult as the structure of the relationship becomes more complex and the acknowledgement of paternity more indirect.

Marriage

Legal marriage is looked at positively by almost all Creole men and women. It is something that they generally wish to enter at some point in their lives but it should be done properly. The couple should have a stable relationship and a relatively high income. They should also have a few appliances and other status symbols. Couples who marry and do not fit these requirements are considered *bigifasi* (literally "big face") or people who try to achieve a higher status than circumstances dictate. Some will say of a person who does this *a du lek wan bakra* or "s/he does like a Dutch person." Some of those who marry to arrange inheritance for their children but do not socially fit the requirements for marriage will marry in secret so no one knows. Others will only tell a few close family members or try to put blame on

another person for the act (i.e. "my boss wants me to marry for insurance purposes").

Those who marry openly generally have a formal elaborate affair. The best quality refreshments and drinks are offered and imported whiskey is served (the highest in status of available drinks). New outfits are also worn by most of those connected with the event. The whole event can be extremely expensive, and it is common for couples to go into debt to finance the wedding. This may add stress to a relationship. In addition, women are less likely to work after marriage and more likely to avoid "menial" tasks that do not fit their new status. They also become more assertive in a relationship they feel is secure, and men claim their wives will not "listen" to them after marriage. This may be part of the reason that men are reluctant to marry until later in life when they are making arrangements for children's inheritance and are more financially secure. Women also say it is harder to get rid of a husband who will not work than it is a lover Although marriage brings added stresses it also brings benefits. Historically it was expected that others give gifts at weddings. Currently many will just give an envelope with money. When asked how much one should give, the universal response was to "give what you can miss" and a specific sum of money was never mentioned. However, the recipients of such gifts stated the envelopes generally contain from ten to twenty guilders.

<u>Marriage rates</u>

It is unclear how common marriages have been in
Suriname historically. During slavery they were forbidden
but there is some evidence that the rate of marriage is
declining among the Creole population. Buschkens (1974)
notes that government marriage records indicate a higher
incidence of marriage in rural segments of the Creole
population than among urban residents.[12] As indicated, the
rest of the Caribbean seems to follow a pattern that is the
opposite of this. Elderly Creole women consistently reported

Table 5
<u>Marriage Rates of Women Delivering</u>
<u>at the Hospital</u>

	Married	Unmarried	Divorced	Total
Hindustani	86 (77.5%)	24 (21.6%)	1 (1%)[13]	111
Creole	9 (11%)	73 (89%)	0	82
Maroon	1 (1%)	78 (99%)	0	79
Javanese	22 (52%)	20 (48%)	0	42
Unknown/Mixed	5 (33%)	10 (67%)	0	15
Native American	0	9 (100%)	0	9
Chinese	1 (50%)	1 (50%)	0	2
Total	125 (37%)	214 (63%)	1 (.3%)	340

Source: s'Lands Hospitaal Delivery Records for January,
1991.

that in their childhood a high value was placed on virginity
at marriage. A white cloth was placed under the newly wed
couple on their honeymoon and shown--blood stained--to family
members the following day. But these women added that they
had not followed the ideal and it may be that reality never
conformed to this ideal. These same invariably conformed to
the respectable practice of introducing boyfriends to parents
and having both sets of parents agree it was okay for their
children to see each other.[14] This is discussed further in
the section on extra-residential unions.

Since marriages are generally entered into later in
life most of those bearing children are not married. Table 5
gives the rates of marriage for those delivering at the
hospital. These rates indicate that, although Creole
marriage rates are low during the childbearing years,
unmarried women delivering children are by no means confined
to the Creole population.

Legitimacy in marriage

Few would insist that there is no concept of
legitimacy in the Caribbean derived from legal marriage, as
is known in other regions of the world. Although Slater
(1977) has contended that this view is only found among the
wealthy in the Caribbean region, she only looked at the time
period surrounding birth and not the entire life span of a
family.

In Suriname all children automatically inherit land and other property from their mothers. But in order to inherit land from their fathers they must be either born into a legal marriage or the father must legitimate the child through filling out official forms of recognition (official recognition is discussed in context under consensual unions below). This concept differs from the social contract developed by legitimization through public acknowledgement of paternity within the context of a socially acceptable union as discussed later.

The concept of being able to legally inherit from one's father only in certain circumstances is clearly held in Suriname. And, as parents get older and start making plans for their death, this is one of the things they think about. This was often reported as a reason why couples tend to marry as they get older. The status of children was rarely a concern and only became influential for those who were trying to move into the higher social class of Suriname society where legitimacy does exert influence as a concept.

For those who are seeking a higher social status being born into a marriage may become more important. School teachers, government employees and other members of the middle class may be more prone to embarrassment or more likely to hide the fact that they were born illegitimate (in legal terms) if it appears on official documents since this implies to them a lower social status. The connection between status and legitimacy is not just something

4

4

associated with the upper class. Those of the lower strata of society can have status influenced by legitimacy; but for them it is social legitimacy rather than legal legitimacy that influences their status. This concept is discussed in the context of extra-residential unions.

Consensual Unions

Although almost 90% of the Creole women who delivered at the hospital in January were not married, it is not clear how many of these women had established consensual unions. In the postpartum interviews conducted 47% were living in consensual unions while 53% were living in extra-residential unions.[15] The general characterization of these types of unions in other parts of the Caribbean has been that they are unstable and not of long duration. This does not appear to be the case for Suriname. In Speckman's (1965) examination of marriage among the Hindustani he notes that their 30% divorce rate is the same as the dissolution rate of consensual unions in the Creole population.[16] Therefore the Creole population does not have less stable unions than another major segment of Suriname's population. Buschkens (1974) also notes that although consensual unions dissolve at a faster rate during the first five years than do marriages, marriage dissolution rates increase after this and after ten years the rates for marriages and consensual unions are approximately equal.

Although there is similar stability in consensual unions and marriages the status is not the same. Marriages always bring a higher level of status as discussed in the previous section.

Is "Suriname style marriage" a form of marriage?

Buschkens (1974) terms consensual unions "Suriname style marriage." There may be some validity in this perception. In rural areas after families agree that a young man and woman can have a relationship the agreement is sealed by the practice of set lobi or "establishing love." This agreement is sealed when both of the fathers share a drink of rum. Wooding (1981) notes marriages in West Africa were sealed with similar behavior. Could it be that consensual unions are another type of marriage that are just not recognized as "marriage" although similar responsibilities are implied in both types of relationships? It has already been indicated that there is a similar dissolution rate for consensual unions and marriages. This view is supported by the response given by Maroon women when questioned about marital status. Of the 79 Maroon women who delivered in January, 1991, only one (1.3%) stated that she was married while 78 (98.7%) responded that they were not married (see table 5). Maroon women in postpartum interviews had similar responses recorded in their records. When questioned

further, these women replied they had undergone a *bustroo* or "bush wedding." (The same results were achieved with the question of whether or not they had a religion). The nature of the wedding is very different and so women did not perceive what they had undergone as similar to a "marriage" although they did participate in specific rituals to legitimize their relationship.

The laws in Suriname recognize "Asian" weddings as legal. Therefore the Javanese and Hindustani ceremonies that are held are considered binding. Creoles, on the other hand, follow the Dutch pattern. A church wedding, or any type of religious ceremony, is not considered binding. They must marry before a judge. Most Creoles who do marry legally will marry before a judge and then in the church of their particular denomination. If the practice of *set lobi* was recognized as a legal relationship then there might be a different public response.

Consensual unions, or "Suriname style marriages," cannot be considered completely equivalent to marriages, however, since the legal status of children born from these differs from that of marriages. But the status of children born in consensual unions can be changed and frequently is changed in regards to legitimacy.

The legitimation of children

Children who are not born in legal marriages may be legitimated by the father. This operates on the same level

and is done for the same reasons as does legal legitimacy. If the father goes to the public record office and fills out forms acknowledging paternity then the child is considered legitimate for legal purposes and will inherit property from the father upon the father's death. In the Creole population approximately 72% of Creole children in Suriname have been either legitimately born or legitimized by their father. Children who have been legitimized tend to be ones born in consensual unions (see Buschkens 1974:193 for comment on the relationship between the two). Children who have not been legally recognized by their father tend to come from extra-residential unions.

Extra-Residential Unions

Although a man and a woman may live in separate households they still frequently interact with family members of the partner. Informants stated a "good" boy does not lurk about and only interact with their girlfriend and not her family members. A boy should introduce himself to the mother of his girlfriend. A girl's mother is highly suspicious if her daughter is hanging about with young men who do not come and introduce themselves. One eighteen year old was prohibited from going to church for a month because she came home after the service an hour late and the mother suspected she spent her time with a boy. A grandmother complained that her granddaughter's boyfriend had not introduced himself to her. Those were the type of boys, she explained, who would

not claim paternity if the girl got pregnant. The Creole generally feel those who are likely to claim paternity will follow the accepted pattern of establishing relationships. This pattern requires that both sets of parents agree that a couple can see each other. If the boy is working he should also give money to the girl and some to her mother. This is given in addition to the money he already gives to his mother.

Extra-residential unions are generally of short duration. This is because they are either the first step towards developing a consensual union or they dissolve. Most relationships do not last long with the couple living apart from each other. This is especially likely if a pregnancy occurs since it will tend to change the nature of a relationship. The women who were interviewed in the postpartum sample and had extra-residential unions tended to report a range of experiences. Of the seven women in this type of union, two never saw the father again after they became pregnant, two did not have interaction with the father but his family helped during the pregnancy (giving clothes, money, and helping with tasks), and three women had considerable interaction with the father of the child; the fathers helped with tasks (cooking and cleaning) and contributed money.

In one of the reported cases where the sister and mother of the father contributed to the needs of the pregnant women, her mother had to demand that they help with the

pregnancy; in the other case the father of the child had supported the woman through eight months of pregnancy when they had an argument and he cut off contact. In both cases the father was known by the community and his support was expected. In the two cases where the fathers had no more contact with the pregnant women, the role of these men in paternity was not known by the community (one of the women reported having so many sexual partners in the recent past she could not count them; the other said it was her first experience and she never saw the father again to tell him she was pregnant).

These cases suggest that public knowledge of paternity is helpful to the woman in getting assistance and support from the father of the child. Men claim that women ask for more money if they are pregnant than they would otherwise. Women say they just try to get what they need to support themselves but having a child with someone does increase their chances of getting what they need. The exchange of money also strengthens the relationship and creates ties between families.

The Importance of Paternal Recognition and "Legitimacy"

The legitimacy of children born within extra-residential relationships generally operates on the level of the social contract rather than within the legal system. The connection between legitimacy and children born of extra-residential relationships is more complex than is legitimacy

in the previous two union types. If a father legally declares paternity then the government can take support out of his salary if he does not contribute willingly. But even if he does not legally declare paternity, if paternity is known by the community, then the father is socially obligated to contribute money to both the pregnant woman and their child when it is born. Children do not inherit legal rights to a father's property if papers are not filled out by men acknowledging paternity, even if they willingly admit to the community they are the father and give support to the child. This is where legitimization and/or marriage come into play as a couple matures and their relationship solidifies. But if a father acknowledges paternity to the community then it appears that children have a moral right to his property while he is alive if not a legal right. This right can be important given the economic status of most of the women living in extra-residential and consensual unions.

The importance of the social contract men develop in relation to their children can be seen in the influence this type of legitimacy has on status. Creole men can lose significant status if they fail to follow through on obligations of support for children they father. Children also seem to have their status influenced by acknowledgement of paternity. At least the Creole express the belief that it is better to carry the last name of one's father than to not have it.

The importance of having a father recognize a child is implied in the use of the Sranantongo word *basra* (from the English "bastard" or Dutch "bastaard"). Its meaning is not the same as the English word that implies one who's parents weren't married. It is used for one who does not have a person they can identify as "father" or one who is of mixed ethnic ancestry (Sordam and Eersel 1985). This second use of the term reflects the generally low status that exists in relationships outside of traditional ethnic boundaries. But it is evident these boundaries are becoming more vague and many Surinamers at least claim they do not oppose marriages or relationships between individuals belonging to different ethnic groups.[17]

The Economic Status of Reproductive Age Women

One of the fundamental characteristics of Creole unions is the exchange of money between partners. Exactly how the money is distributed varies. One man said that his father and grandfather had both told him he was required to care for his partner. If both partners worked then his partner's money still would not be enough to run the house. He was told even if he just gave a little a month, he should at least give something. He added, "If you can not give anything then tell her you will give as soon as you can." One woman stated that a man's money is to run the house and the woman's money is to take care of her and the man. The

woman is criticized if her male companion walks around looking uncared for since he's her responsibility.

The strategies presented for dividing money consider that both partners earn it. Estimates of unemployment among young men range from 30-50% of the total population (Krishnadath and Caffé 1991). Based on delivery records the highest employment rate is for Creole women of whom 12.5% are employed and the lowest rate is for the Maroon women of whom 1% are employed.[18] This research was done at the public hospital and may therefore reflect artificially low employment. Most of those who are employed as cleaners or as laborers, for example, seemed to have sporadic work and little in the way of steady income.[19]

Among the postpartum sample of 42 women, 36 (86%) of the women received financial help for the baby they had just delivered. (If the statements of women that it had been different for an earlier child are included then the percentages are still the same). These women reported receiving a mean of 465 guilders per month (the mode was similar at 450 guilders per month). Of this amount an average of 290.91 guilders were given by the child's father per month.[20] This is well below the official poverty level which has risen dramatically because of the rapid loss in value of the Suriname guilder. Table 6 below gives the official poverty level per month.

123

```
                        Table 6
                  Official Poverty Level

          Year                 Poverty Level
          1969              sf.  152.44
          1980              sf.  369.03
          1986              sf.  612.26
          1987              sf.  966.14
          1988              sf.1030.95

     (Source: Essed and Frijmersun 1989)[21]
```

Since more than 50% of Surinamers live below the poverty level and women with children are likely to be found more frequently below the poverty level, it appears that most women fit into the lower income groups and are rarely employed. This means that they need to rely on whatever income sources they have available to them. One of these important sources of income is, of course, the money men provide to care for there children. Since public acknowledgment of paternity is important in influencing men, or at times their families, to contribute money, this acknowledgement is very important to pregnant women and women with children. In the following chapters, that examine many of the beliefs and behaviors associated with pregnancy, delivery, and postpartum recovery, some of the ways in which acknowledgment of paternity can occur are examined.

Summary

Although Creole men and women in Suriname do participate in different spheres of activity they also interact with one

another at school, on the streets, and at social events and this interaction leads to the formation of unions. Some of the significant factors considered in forming unions are appearance and character. One of the most significant traits of a man's character is the likelihood that he will acknowledge paternity. One indication that he will claim paternity is his following of "good" behavior which includes introducing himself to a woman's parents and gaining permission for the relationship to continue. These relationships often begin as extra-residential unions that change into consensual unions, generally when a pregnancy occurs, and end up as legal marriages as a couple matures and becomes more financially stable. However, not every relationship follows this pattern and some dissolve or do not change in form. The type of relationship can have important implications for legitimacy in children since only children born in legal marriage unions are considered legitimate at birth without any other action. Children can also be legitimized for inheritance purposes after birth. Children that are legitimized tend to be the ones born into consensual unions. Children born into extra-residential unions are not given this legal label right away but it tends to come later as relationships evolve. However, they receive social legitimacy through the public acknowledgement by the father of paternity and his fulfillment of the role of pater. Public opinion tends to reinforce the contribution of support in such circumstances. Given the financial constraints of

many women and children it is to their advantage that a man

acknowledges paternity and contributes support.   There may

also be increased social status associated with acknowledged

paternity.

---

[1]Although this the general trend, there are some important exceptions. Herskovits (1936) and Buschkens (1974) have both noted that as women get older there is a very high incidence of female homosexuality among the Creole population. Although these scholars are correct in saying it is not viewed as horrible it is exaggerated that the community at large finds the practice completely acceptable since people find it at times humorous. They refer to a woman that has sexual relations with another female as a *grati* or "she grates" (Sranantongo does not have male and female pronouns and a can mean both "she" and "he"). Male homosexuality, on the other hand, is clearly viewed as unacceptable. If a man is called a *buler* or "male homosexual" then "those are fighting words." If a man does not fight when someone calls him a *buler* then he is accepted by all as one — refusal to fight is considered one of the characteristics of a *buler*. Enjoying house cleaning, cooking, and washing dishes are also characteristics of a *buler*. Although most men wash clothes and clean they do it in what they describe as a masculine manner — jerking one's arms up and down as the clothes are rubbed on the washboard rather than graceful, smooth motions is an example of this.

[2]Brana-Shute (1979) records and incident where a man is killed and his wife grieves intensely. People are critical of the close relationship she developed with the man and consider it improper and unwise.

[3]Body building has become very popular in Suriname and is promoted by the nationally published magazine Body Talk.

[4]Pierce (1971:106) includes dance attendance under the Sranantongo term *waka* which literally means "to walk;" but this term is also applied to the behavior that some men (and also occasionally women) exhibit. He sees it as implying

> "frequent attendance at dances and other celebrations where one is conspicuous in the style of his dancing, his generosity toward women, and his consumption of alcohol, and also implies the ability to engage women in casual and/or extra-residential sexual unions and high potency as manifested in the fathering of numerous extra-residential children by numerous extra-residential mates."

Although most women admire this quality in men they also add that they do not want "their" man to behave like this. Although Pierce does not mention it, *waka* behavior is also found in women. But most people tend to look down on women who behave like this — especially other women.

[5]This was illustrated during a *winti* ceremony where two homosexual men began dancing together. Although the dancing did not offend other participants it did elicit comments on their erotic interest in one another.

[6]The Sranantongo *bal* is a word for the male external genitals but is frequently used specifically for the penis since *toli* is seen as being crude.

[7]A *vrouw* means both "woman" and "wife" in Dutch. Since "wife" indicates a legally sanctioned marriage in English, and "woman" can carry negative connotations when used in reference to a relationship (i.e. "my woman"), I have retained the Dutch word in many instances in this text. In Sranantongo there are two words for "woman"--*froo* and *uma*. The first coming from Dutch and the second from English. Attempts to test the connotations of these words (see question 1 of Appendix A) proved inconclusive.

A *masra* which can be a "master" or a "husband" need not be officially married to a woman. A woman will call a man *masra* if they are having a regular sexual relationship or she has conceived a child with him.

Masra is also used in reference to slave owners when discussing slavery or in reference to God when discussing religious matters.

[8]This version of the story is from De Drie and Guda (1985), similar versions are also told regularly at events.

[9]The name of a woman born on Wednesday (see chapter 8).

[10]Informants would define *bonu* as "to give healing" and hence a *bonuman* is a man who gives healing (there did not appear to be women involved in this activity in Suriname). The similarity between *bun* "good" and *bonu* "to give healing" is striking but I do not have evidence that they have the same origins (*bun* finds it's origins in the Portuguese term for "good"). However, a *bonuman* is generally believed to be good and practicing *wisi* is viewed as a negative aspect of their activities. Those *bonuman* in the market place all claimed abilities to counteract *wisi* but no one would admit having ever done *wisi* on another person.

[11]Since Suriname is where Herskovits developed his ideas about the Caribbean mating system being a modification of West African patterns of polygyny, this type of relationship may be part of what he had in mind. But these types of relationships are very rare for married men and are considered improper.

[12]It is difficult to compare the more recent data from s'Lands Hospitaal to these findings since they have been gathered in such different ways. It is a well known fact, however, that the rural areas surrounding Paramaribo are disproportionately Hindustani and Javanese in ethnic make-up. These two groups are likely to marry in greater numbers than the Creole population (see table 5). Since Buschkens did not have indication of ethnicity but went on the nature of the last name of individuals in records, this may have influenced his findings. It may be that the high incidence of marriage among the non-Creole population in rural areas has influence the Creole population in their choice to marry. These are important issues that should be examined further.

[13]Speckman (1965:127) states in regards to divorce among the Hindustani that:

``in the Hindu world it is customary, after the first marriage has
been dissolved, not to repeat the wedding ceremony on entering
into a second marital relationship. This is connected with the
Hindu conviction that a marriage is eternally binding, especially
for the woman. Consequently, on contracting a second union she
simply takes up residence with the man, without any elaborate
wedding ritual.''

He notes that these relationships differ from consensual unions among
the Creole population in that these relationships exist after marriage
rather than before.

[14]Pierce (1971) reports this practice as the ``ideal'' of the engagement
pattern where intercourse was abstained from until marriage. Although
it is difficult to judge whether even after agreement the couple
abstained from sexual relationships, in current relationships young
couples generally view the agreement of parents that they can see each
other as approval of sexual relations.

[15]The sample size is n=15. One case that was excluded from this group
and put into the extra-residential group was relationship with a *waka*
man that would come and go. Since he did not reside permanently with
the woman, this case was considered extra-residential.

[16]Pronk (1962) has derived similar conclusions.

[17]This claim needs to be qualified. The Creole and Maroon populations
have historically continued to have interaction with one another and
there has never been a stigma associated with relationships between the
two groups. The Javanese and Creole populations have had much more
interaction on this level than the Hindustani and Creole populations.
The Hindustani still frequently look at such relationships as tinged
with scandal or at least of a lower status than other types of
relationships.

[18]Because the government subsidizes birthing costs based on income there
is incentive to under report employment. But funding has already been
determined for most women by the time they give this information and a
careful screening process before hand improves the accuracy. Gloria
Wekker was just completing a study of women's economic strategies when
this work was begun and her results will add more information to this
area of focus.

[19]Another influence on the income of women is the belief that they
should not be working (for money) while pregnant. Many of the Creole
women interviewed had worked until they got pregnant and then they quit
working. They said they planned to go back to work a couple of months
after the baby was born and leave the baby with their mother. Some of
the women were also still in school and so employment was irrelevant to
their situation.

[20]The women who received no money from the child's father were excluded
from the second figure. One woman, who was unique in many ways,
received fl.1,000 or more from the Netherlands every month. She was
excluded when these figures were determined and, where it is pointed
out, she has also been excluded from other figures.

[21]This report does not define how many individuals these figures apply to but based on experience it is assumed that they are for one individual.

CHAPTER 6
CONCEPTION

Conception and Issues of Paternity

There are a number of important issues surrounding
conception that are influenced by issues of paternity. There
are concerns about preventing a pregnancy or ending a
pregnancy that are related to some of the reasons for wanting
a pregnancy. There is also a public awareness among
Surinamers about the ability of women to reproduce. These
issues are dealt with in the following sections.

A Woman's Reproductive Capabilities

A Creole woman's ability to reproduce is signified by
the changes that take place in her body during puberty. The
most significant of which is menarche.

Menstruation

Creole women in postpartum interviews reported a mean
of 12.8 years of age at menarche.[1] First menstruation is
viewed as a sign of a woman's fertility and has sexual
implications. It is not, however, viewed as a sign of
transition from "girl" to "woman"; this transition comes
later. Women reported they were generally not prepared for
this event and would chide aging mothers for not preparing
them for the arrival of menarche. Topics that are viewed as

sexual in nature (and menstruation is one of those) are generally kept from younger people.[2] Occasionally an older person will veil a discussion of menstruation, calling it *na futu* or being "on the foot." *Futu* being a shortening of *mindrefutu* "lesser foot" or "little foot"

--an indirect way of referring to one's genitals.[3] When more direct discussions about menstruation are held the Dutch term *menstruatie* or the Sranantongo term *munsiki* or "moon sickness" is used in reference to menstruation. Given this situation one may think that a woman's menstruation would not be known by outsiders when, in fact, the opposite is the case. Menstruation and by analogy a knowledge of a woman's reproductive abilities is a public issue. This is because of its connection with certain types of illness.

Etiology of Illness and Menstruation

For Creoles the condition of the blood is reflected in one's health. One can have thick/thin blood and clean/dirty blood. Thick and clean blood is healthy while thin and dirty blood is unhealthy. There are several treatments available for different problems and a whole pharmacopeia of medicinal plants can be used (see Appendix F). Illnesses can also be caused through problems in relation to the the spirit world although the discussion here is limited to non-spiritual illnesses.

Menstruation is seen as one way women get rid of dirty blood. (Men have dirty blood as well and are more likely to

take medicinal treatments for their condition. Although
informants did not offer an explanation as to why men do not
menstruate, except for the occasional textbook explanation
learned from school, it is generally viewed as a woman's
advantage that she menstruates out dirty blood). Menstrual
blood is not only dirty but it can also cause sickness. If
food is eaten prepared by a menstruating woman it can cause
soromofo or "sore mouth" a condition in which the corners of
the mouth are sore and dry or--more frequently--the throat is
sore. Although food influenced by a menstruating woman can
theoretically make anyone ill, I only knew one woman who was
moderately concerned about it. Most of the men at least kept
it in mind and many of them would make a great deal of effort
to avoid eating food prepared by a menstruating woman. This
was generally done subtly to avoid discussing their concerns.
They might say they were not hungry or did not like what was
being served when at the house of another person rather than
confront the person with their suspicions of menstruation.
When eating at a restaurant men will generally check to see
if an elderly woman prepared the food. Older Javanese women
are viewed as being especially trustworthy since it is
believed they will not cook while menstruating (if they are
still pre-menopausal). Everyone agrees that trying to earn a
living means that most women will continue to cook and sell
their wares during this time even if they think it might
cause a little illness. Even men who seem particularly
concerned about getting *soromofo* will occasionally eat at a

restaurant. Then, when they get sick they will avoid eating out for a time.

Men claim that women use *munsiki* to their advantage. Women will say they are menstruating if they do not want to cook the meal or a mother may tell her son to clean up the food after a meal because his sisters "can't" (*a no man*) which he understands as a euphemism for "she is menstruating." Women do admit that they have used the threat of illness to their advantage. They have used it to keep from doing some type of work or to avoid intimacy at times. Although Creole women are aware that Maroon women in the rain forest segregate themselves into a menstrual hut during menstruation, they do not see this as necessary or even useful for themselves. Women feel that men can just cook their own food for short periods of the month to avoid illness.

Is There a Motive Behind Pregnancy?

Men will often accuse women of intentionally getting pregnant to force greater commitment on their part. Any attempt to establish why Creole women get pregnant implies a motive rather than viewing pregnancy as just an outcome of other actions and not anything sought after of its own accord. Although women might occasionally get pregnant to achieve specific goals, women generally indicated their pregnancy was just the byproduct of sexual activity with such responses as "I'll take what God gives me."

Sexual Relations as a Rite of Transition

Dougherty (1978:88) points out that for rural African-Americans in Florida pregnancy, delivery, and acceptance of motherhood are parts of a rite of passage from childhood to adulthood. Clarke (1966:96) contends that in Jamaica pregnancy constitutes the transition phase from child to adult for not only the mother but also the father of the child. This appears to be partly the case in Suriname as well. The term *mati* meaning "friend" is used for both women and men. When a woman has a child with a man she no longer calls him her *mati* but instead will say *mi masra* or "my husband." The term carries a sense of respect and weightiness that *mati* does not have. Although there does not appear to be a specific term used for women in the same way, women who had just delivered babies at the hospital all insisted they were no longer a *pikin* or "child" and the term was not applicable to them. The term *pikin*, however, seems to lose its significance well before childbirth.[4]

Creole women generally report that they "felt" like an adult several years before they became pregnant. This perception seems to come around the same time that they have sexual intercourse, which for many appears to be at 16 years of age.[5] Men frequently recall the details of relationships to friends. It seems to increase their status as part of the transition to adulthood. Although not done intentionally, these boasting sessions also serve to strengthen claims of

paternity since public knowledge of a relationship before conception strengthens the belief that the one boasting about the relationship is the father. The importance of knowing who the father is will often be supported by saying that children need to know who their father is to avoid incestuous relationships when they mature. Although this may be true to an extent, it is also true that revealing their trysts increases their status to the point that some men are accused of having exaggerated the number or extent of their relationships. Women also reported discussing their relationships with friends, although not to the extent men did. For women, as well as men, the fact that someone has had a sexual relationship seems to bring them into the "woman" or "man" status of adults rather than their original "child" status. In this context many of the pregnancies of women still in school (generally classified as "teenage pregnancies") are an unplanned result of the status that sexual relationships bring. It is seldom a result of the status that bearing a child brings since the anger of parents, disdain from the community, and loss of status for bearing a child when young count more heavily.[6]

Children as Part of Long-Term Relationships

In postpartum interviews, women reported having had a mean average of 3.21 "friends."[7] This does not imply relationships are unstable. These same women also reported they had their current relationship for an average length of

6.3 years and their children were generally all from one partner. Only three of the women had gotten pregnant at the beginning of their relationship and all three of them were extra-residential relationships. One of them reported that her partner had disappeared when he discovered she was pregnant; a second replied that the man came and went (he's a "walking" man); and the third relationship was still continuing. This has important implications for assertions of paternity since the longer a relationship exists the more likely that relationship will be widely known in the community and the more likely the community will know the probable father without the woman needing to make it known.

The Use of Contraception and its Relationship to Pregnancy

Since children are generally a part of relationships only after a period of stabilization that also allows the community to become more aware of the relationship, contraceptive use is important for many Creole women.

Contraceptives

All of the women who participated in postpartum interviews reported that they had used "the pill" as their contraceptive.[8] Contraceptive pills are available at the numerous neighborhood clinics in the city and surrounding areas. Condoms are less accessible than the pill; but they are the contraceptive with the most visibility in the media.

There are several advertisements on television and radio intended to assist in the prevention of AIDS. Occasionally someone would break out singing the ditty associated with the advertisements "*condoom erop.*" This was generally done for humor and others would smile as the song was sung.

A television program on the condom was shown in Suriname. It included a graphic demonstration on how to use a condom and the reporter for the show stopped people randomly in the streets and asked them if they used condoms. Several young girls laughed and ran away and one middle-aged man became angry and said it was none of the interviewer's business.[9] But generally people, when facing the camera, insisted that they always used a condom during sexual intercourse. Condoms were available at the Department of Public Health and *Stichting Lobi* for a nominal fee, but during the numerous occasions I was around these areas I very rarely saw people purchasing them.[10]

The use of tubal ligation as a contraceptive method is much easier to confirm since hospital records can be used. Table 7 illustrates the four most prominent ethnic groups and their comparative rates of sterilization. This information is derived from delivery records and does not include women who have never delivered nor more affluent women who deliver at the other hospitals.

```
                            Table 7
               Number of Tubal Ligations Performed
                          by Ethnic Group

                       Not Sterilized        Sterilized
Creole                   79  (96%)            3   (4%)
Hindustani               93  (83%)           19  (17%)
Javanese                 39  (91%)            4   (9%)
Maroon                   80 (100%)            0   (0%)

Source: Delivery records of s'Lands Hospitaal January,
1991.
```

It is noteworthy that the three Creole women (3.6% of the Creole women) who were sterilized were all married. The Hindustani women had a significantly higher rate of sterilization at 17% and not a single Maroon woman requested sterilization after delivery.[11]

It appears that unmarried Creole women (the vast majority of the Creole women) are reluctant to become sterilized. It is plausible that this is related to the importance of bearing children in common with a partner and the possibility that always exists of a relationship dissolving and necessitating the establishment of another one as discussed in the following section. A woman's reproductive capabilities are an important resource to her that she does not want to limit.[12]

Some other types of contraceptives are also available but it is uncertain how frequently they are used and women in the postpartum survey had never used any of them. Some women mentioned that abortifacients are used as contraceptives. A

woman can have an "abortion" before she is even certain she is pregnant. (These are discussed in the section on abortifacients below).

Reasons for Using Temporary Contraceptives

The reluctance of undergoing sterilization, and occasionally the use of other contraceptives, may reflect in part the role children play in relationships. Men will generally give money to a women as part of their relationship and women, in turn, will give money, although generally a lesser amount, in return. It was also pointed out that the longer a couple is together the more likely they are to have children in common.

Generally, if a Creole couple has children in common, the man is expected to give more money to the woman to support her. Although many relationships are stable and long term, one never knows when a relationship will sour and dissolve. That is generally given as one of the reasons for postponing marriage. A person can then guarantee that the family land will only go to those they want to receive it. If a person wants to increase the chances that money is given by a partner and hope on getting more money, it is better to have a child in common with that partner. Therefore even older Creole women who do not want any more children may opt for temporary contraceptives over sterilization in case they choose to have children later on.

Even if a relationship has dissolved a child in common can be an important claim by a woman to the income of a man. It is true that many men counter that a woman gives the money she receives from him to another man or her other children, but even so she has a greater claim on him than she would otherwise have and, as pointed out, the community as a whole expects the child's father to give money if he can. This means that identifying who the father is and strengthening that claim by evidence if possible is important.

The Importance of Children as They Mature

As children get older they are also important as an economic resource. If they have a job they are expected to give at least some if not all of their earnings to their mother. Although it is possible that some children give money to their fathers as well, I never came across an instance of this happening. Men are especially responsible for providing financial help to their mothers. Most will give what they earn to their mothers (after giving some money to the other women in their lives) and then their mother will buy the things that they need and give those things to them.

Daughters are generally responsible for contributing labor around the house. They will do dishes and cleaning and often they will rake the yard or do outside work around the house. Normally, though, men will do the yard work.[13]

Conception

Whether planned or unplanned, prevented or unprevented, conceptions do take place within all types of mating unions. Indication that a conception has taken place is generally derived from physical signs of pregnancy. Since some of these involve the father of the child they are also important for strengthening claims of paternity.

Signs of Pregnancy

Although there are a number of spiritual and physical indications that a woman is pregnant, the most important of these is the cessation of menstrual flow.

Menstruation and pregnancy

A disruption of the menstrual cycle can be a sign of serious health problems and several *bonuman* have treated a lot of women for menstrual problems. Most of the time, however, amenorrhea is interpreted as a sign of pregnancy. Pregnancy is a sign of good health. It is a sign that the reproductive system is in good order and there is no worry about a build-up of bad blood since a woman's blood goes to her baby. The Creole believe that for most women the flow of the blood can exert an influence on the appearance of the infant. Although some women dispute this belief, most claim that if a woman menstruates during pregnancy then the baby will be born with lighter skin since the "dirt" goes out of the body. Others who have menstruated in the early months of

their pregnancy will counter this belief by pointing at their child and insist that the child is just as dark as their other children. Despite the belief that it is "dirty" blood that makes a child dark, all of these women felt that darker skin was preferable to lighter skin and they also felt it was not good to menstruate during pregnancy.[14]

Other signs of pregnancy

Although an interrupted menstrual cycle is considered a sign of pregnancy for most women, they will generally look for other signs to support this conclusion. There are a number of ways that outside confirmation can take place. For example, if a *papasneki* (a colored snake that also has religious significance) is seen in the yard it is considered a sign of pregnancy. Some women were confronted by family members who saw a *papasneki* in the yard and this is how others, especially parents came to know a daughter was pregnant.

Another possible sign of pregnancy is an illness of the father of the baby. If a man gets pustules on his back or another unusual illness, then a woman says *a yepi mi* or "he helps me." Sometimes a man may just be nauseous or not feeling well and still be "helping" with the pregnancy. If a man credited with being the father of a child is sick during the pregnancy this strengthens the claim of his paternity. These circumstances, in those cases where men question whether or not they are the father, can also serve to limit

doubts and reinforce both the man's feelings and the communities belief that he is the father. Although "helping" during pregnancy occurs, the most common time for men to "help" a woman is during the delivery of the child. This is discussed in chapter eight.[15]

There are other signs of pregnancy as well, although they are generally considered less important and not everyone recognizes them as an indication of pregnancy. For example, general tiredness and irritability are seen in retrospect as an indication of pregnancy but they do not automatically lead to the assumption that one is pregnant. One woman, who delivered a premature girl at six months, was fairly large and did not know she was pregnant until labor was in progress. She felt retrospectively that she should have known since she was always tired. Abdominal swelling, on the other hand, is almost always viewed as an indication of pregnancy, even if it declines after a month or so and comes back later. Constant nausea is another indication of pregnancy. Many women never experience nausea, but they measure themselves against the expected norm of a continued period of nausea during the first three months of pregnancy (i.e. they did "better" or "worse" than they should if they had less or more nausea respectively than the expected three month period). Women do not confine the expected period of nausea to the morning or some other part of the day but expect it any time if not most of the time. It is common for pregnant women to carry a bottle of alcolade around with them

in their purse. If they feel nauseous then they will open the bottle and breath the contents for a short period of time. They feel this helps. Even later during delivery some women will breath alcolade as a relief for feelings of nausea.

If signs of pregnancy other than a missed menstrual flow appear, they do not generally lead a woman to announce she is pregnant. She will watch quietly for other indications to confirm the fact she is pregnant. Missing a menstrual flow, however, almost always brings about further action. Women rarely just assume they are pregnant and then tell others, they generally will seek outside confirmation of their feelings. There are no pregnancy tests available in stores and no apparent tests available from doctors in Suriname. The only place in the country where people can get a pregnancy test is at *Stichting Lobi* which is an organization that generally focuses on preventing teenage pregnancies by making information available and selling inexpensive contraceptives. The organization also gives pregnancy tests but a woman must have missed two expected menstrual flows and the results take several days to finalize. It is generally women who want to be pregnant that will go to *Stichting Lobi* for confirmation. Those who do not want to be pregnant will generally delay seeking outside confirmation until a boyfriend or parent notices general outward signs of pregnancy which they feel happens at about four months.

Response to Discovery of Pregnancy

Not every woman who discovers she is pregnant responds in the same way. The response of the child's father may also vary. Caffé's (1985) examination of teenage pregnancy (women from 13 to 19), recorded two women who had an "unpleasant" reaction to their pregnancy for every one that said she had a "pleasant" reaction (see table 8).

Table 8
Reaction of Women to Their Pregnancy (n=52)

Prettig (Pleasant)	14
Neutraal (Neutral)	10
Onprettig (Unpleasant)	28

Source: Caffé 1985:23

The fathers of the children responded a little more positively with almost equal negative and positive responses, although it is possible that fathers who were never told may have increased the negative responses if they had been informed (see table 9).

Table 9
Reaction of the Child's Father to the Pregnancy (n=46)*

Prettig (Pleasant)	15
Neutraal (Neutral)	14
Onprettig (Unpleasant)	17

*Six of the women reported they had never told the child's father of the pregnancy.

The current study did not focus on teenage pregnancy but on all pregnancies. The questions posed on response to pregnancy were open ended, asking how women felt about their pregnancy and what their partners said when they knew the woman was pregnant. Since Caffé (1985) did not separate the responses of each ethnic group in her study, the responses will first be considered as a group before they are separated by ethnic group membership (see table 10). Of the 38 women interviewed, 19 responded that they were happy they were pregnant and ten stated they responded *gewoon* or "normally" when they discovered they were pregnant (which is evidently, taken in context, a positive response).[16] Nine of the women were unhappy about the pregnancy. Those who stated they were unhappy with their pregnancy said they were not economically able to take care of the child or had just not planned on another child.

Although the responses of these women have been placed in one of three categories to allow for comparison with Caffé's study, they varied tremendously. There was a woman who did not think she could have children after six years of trying and felt "enthusiastic" when she knew she was pregnant. Another woman said she was glad to have the baby since she knew there was a risk to having it "hauled" away (i.e. aborted). Others responded "life's difficult" but you

cannot do anything about it or the pregnancy was "a little bothersome, but.. . ." Some were unhappy in the beginning but later were happy about their situation and some said they were "afraid." Those that were especially unhappy were still in school.

Table 10
Women's Response to Their Pregnancy (n=38)

Happy	19
Neutral (Gewoon)	10
Unhappy	9

Source: Postpartum Interviews, 1991.

Creole and Maroon women were less likely to be happy than other ethnic groups. If the responses were separated according to those of African ancestry and those of other ancestry (see table 11) the responses for women of African ancestry (n=26) were nine happy and eight unhappy while the responses of the other women (n=12) were ten happy and one unhappy (the one unhappy was a Native American who said she wanted the child but was afraid).[17]

Table 11
Ethnicity of Women and Response to Pregnancy

Creole-Maroon Women (n=26)	
Happy	9
Neutral	9
Unhappy	8
Other Women (n=12)	
Happy	10

Neutral	1
Unhappy	1
Source: Postpartum Interviews, 1991.	

The response of men to the pregnancy was reported by the women and so the data really reflects the perceived response of men by women to the pregnancy. This is one case where the language used by the informant seemed to make a difference. I asked women if they wanted to do the interview in Sranantongo or Dutch and had interview schedules in both languages available. Those who responded in Dutch gave answers that could be defined in terms of happy or unhappy. Those who answered in Sranantongo consistently responded that the man said nothing when he heard about the pregnancy. Some would add, after questioning, that he said not to bother him about those matters; others would say that he was happy. Therefore the responses were difficult to interpret. Almost all of the women who asked to be interviewed in Sranantongo were Maroon women, some were refugees and some had left the interior some time ago. It is possible that differences in behavior were based on different cultural responses that were missed since these women were not the focus of this research. The responses given by Creole-Maroon men as perceived by women for the question were: 10 of the men were happy with the pregnancy, four were unhappy, and 11 neutral (see table 12).

When all of the responses are considered together, there were 18 men happy with the pregnancy, four unhappy, and

15 mixed, "normal," or "nothing" responses (see table 13).
(Of those who were not either Creole or Maroon none of the
men were credited with giving unhappy responses).

Table 12
Men's Response to Pregnancy by Ethnicity

Creole-Maroon Men (n=25)*
Happy   10
Neutral**   11
Unhappy   4

Other Men (n=12)
Happy   8
Neutral   4
Unhappy   0

*One man was never notified of the pregnancy.
**Includes six men who "said nothing."

Source: Postpartum Interviews, 1991.

Table 13
Men's Response to the Pregnancy (n=37)*

Happy   18
Neutral**   15
Unhappy   4

* One man was never told of the pregnancy.
**This figure includes six men who "said
nothing."

Source: Postpartum Interviews, 1991.

One woman said she had wanted to abort the child but
the father told her it was a sin; while another gave a
similar response and the father said it was murder. Other
fathers were not so happy. One woman reported the father

disappeared after eight months because he did not have "steady work." Another woman said her child was 16 years old before the father knew he had a daughter. One respondent said she never saw the father again after conception to tell him she was pregnant.

Generally men want women to have children. They might even ask a woman to bear a child for them. Although it is not clear why this is the case, fathering a child at times can increase their status as a man and make them a *masra* as discussed in the previous chapter. Creole women are frequently told that if they really love a man they will "bear his child." If a relationship appears to be going well, men will discourage women from using contraceptives. It does appear that having a father for a child is important and when a relationship dissolves some women knowingly abort the pregnancy only to pregnant again in a subsequent relationship as discussed in this chapter. The negative responses of men towards pregnancy can indicate their inclination to acknowledge a child. Those men who indicate they are pleased or happy with a pregnancy are more likely to claim paternity than those who are not happy with a pregnancy.

The Response of Others Towards the Pregnancy

Usually parents, and especially mothers, are told by a daughter that she is pregnant. Those parents who are not told about a pregnancy tend to discover it on their own early

in the pregnancy. Most women reported that their parents knew within weeks of the time they themselves knew they were pregnant. This was not the same with friends and neighbors. Almost all of this group discovered their friend's condition at four or five months into the pregnancy. This was because the pregnancy became obvious at that point.

Pregnancy did not appear to be an event that was announced to the community in a direct way. It appears that the woman, her parents, the child's father, and occasionally the father's parents are generally the only ones in the social network of a woman that are told about the event if even they are told. However, as pregnancies become known or recognized by other members of the community, they contribute to a pregnant woman's needs and help her when they can (see chapter seven). Although many of these community members feel free to ask a woman who the father of an expected child is, most rely on behavioral indications. Such as which males have been around the house a lot--especially if they have bringing clothes or other gifts. If a man has "helped" a woman through carrying an illness, this is convincing evidence that he is the father. Men will often tell friends and others that they are the father of a child and if they are happy about the outcome they are not as reluctant as women to announce a pregnancy when they know about it. Later on as the pregnancy progresses, during delivery, or following delivery, there are other behavioral indications of paternity.

False Pregnancies

There are times when a woman may appear to be pregnant, or believe she is pregnant, when it is not the case. Although amenorrhea or disrupted menstruation may at times be a factor in this it does not occur very frequently among those who deliver at the hospital (there may be higher rates among those who can not conceive and are therefore not delivering babies at the hospital). Of the 301 women in the delivery records sample, only 2.99 % (or nine women) reported abnormal menstruation.

One phenomenon that women sometimes associate with pregnancy is abdominal swelling. Occasionally, (exactly how often is still unknown) a woman's abdomen will begin to swell. She believes she is pregnant. Her family and attentive neighbors may also begin to notice. Then the woman's abdomen will return to original size and everything appears as it did before. This "pregnancy" has been reported to last from three to six months but theoretically can last any length of time. There is no name for this event but these pregnancies are associated with the *Bakru* — a small, dwarf-like male spirit with a large head and some say large, wooden-like hands. He will occasionally visit women at night in their dreams and have intercourse with them. A spiritual child is conceived but never delivered. As the *winti* are served and given special feasts the *Bakru* is appeased and the spirit baby is withdrawn.

The *Bakru* is not only involved with women, occasionally he will change himself into a woman and visit men at night in their dreams. Men said that this happened more often when they did not have a current relationship with a woman.

Improving Fertility

Other than the attempts to attract a lover through spiritual or natural means there does not appear to be any means for Suriname women to improve fertility. There are methods for men. There are a variety of vendors about the city who sell bottles with pre-mixed herbs inside to which water is added. These formulas cure a variety of problems including general weakness, or unmanliness--one of the most important expressions of which is impotency. It is believed that the older someone gets the more necessary this treatment becomes and the larger the dose needed. Small bottles are available for men in their twenties and thirties, medium size bottles for men in their forties and fifties, and large bottles are available for men past their fifties. The fact that these potions are also drunk to improve a man's fertility while women have no means of improving fertility may be related to the importance men place on fathering children but this is not clear.

Aborting the Pregnancy

Even though children can be important to men and women by enhancing the parents status as an adult or by giving economic aid later in life, there are times when women choose to abort the pregnancy. Although women do not often discuss their reasons for undergoing an abortion, those who do so often say they were having problems in their relationship. This was usually stated as "I could not afford the baby," "He left me," or "I decided I did not want to have his child." Women who said they could not afford the baby often felt so because it became clear the father was not going to support the baby. He refused to acknowledge it as his or contribute to the pregnancy.[18] There was one reported case of a woman who sought out an abortion when her relationship dissolved. When she thought she might not be able to get an abortion she committed suicide.[19] Family members commented that it would have been hard for her to get along if the child did not have a father. Not all women abort because of problems with relationships others reported in postpartum interviews that they had previously aborted because they were still in school or in the nursing program and would be expelled if it became known they were pregnant.

Spontaneous Abortions ("Miscarriages")

Not all abortions are intentional. It appears from hospital records that many of the abortions that happen occur spontaneously. These are generally termed "miscarriages" in

the United States; *miskraams* in Dutch; and *trowe-bere* in Sranantongo (literally "throw-away belly"). There is some ambivalence about miscarriages among Creole women. In part they are seen as unwanted events over which the woman has no control, but in part they may be a result of improper behavior. A woman may ride on the back of a moped or motorcycle while she is pregnant and then have a miscarriage. This is viewed as her fault or a result of her behavior, even if she never intended on having a miscarriage, since she participated in behavior "known" to cause it. Other behavior that should be avoided during pregnancy includes eating certain foods and lifting heavy objects.

An avoidance of lifting heavy objects is assiduously followed. Many women who are employed will quit shortly after they discover they are pregnant, even if they do not lift a lot of heavy things, in order to avoid too much exertion. Lifting things is also sometimes used to induce abortions and so is also an abortifacient.

An angry *winti* or *yorka* (spirit of a dead person) may also cause a miscarriage. If a woman has not properly treated a *winti* which has served her, then it may retaliate by causing her uterus to "throw away the baby" even though she wishes to keep it. If a woman has experienced several miscarriages then they are generally connected to supernatural events. In order to mislead the *winti* the child is "sold" to another person before it is born so that it will no longer belong to the pregnant woman and will not be

harmed. This "selling" is only a token ceremony and Creoles would never consider really selling another person. A few cents is all that is paid to the mother and after the birth the purchaser gives presents to the child and continues a special relationship with the child.

Induced Abortions ("Abortions")

Induced abortions are referred to in the United States as "abortions," while in Dutch they are referred to as *abortus* and in Sranantongo as *puru-bere* (literally "to pull the belly"). It is legal in Suriname for a physician to perform an abortion. They are, however, socially disapproved of by many of the Christian denominations supported by the Creoles (which for the majority is Catholicism at 57% or Moravian Brethren at 29%). If a woman undergoes an abortion it is not readily admitted to the community although most people are generally sympathetic to her predicament. One young woman was taken by her mother to a private doctor and she quietly got an abortion without anyone in the neighborhood knowing.

Women may also undergo an abortion at home or somewhere else outside the biomedical system. A woman may do this not only to keep information about her abortion from others, but a home remedy may also be less expensive--if it works. If others already know that a woman is pregnant then a home remedy can also be used to cause a "spontaneous" abortion. Even though a woman may be blamed for doing

something improper, there is still a feeling that spontaneous abortions, or miscarriages, are not sought and a woman may receive less criticism.

It was mentioned that lifting heavy objects was carefully avoided to prevent miscarriages. It is also the most common abortifacient reported and one woman listed lifting as the "contraceptive" that she used. Other abortifacients used included eating pineapple rinds, okra, and roasted cola nuts.[20] Creole women are also aware of the Javanese tradition of massaging the uterus to prevent conception or induce an abortion but it is uncertain how often they go to a Javanese masseuse.[21]

Of the women who delivered in January, 1991, 20% reported having had at least one abortion.[22] Although the number of these that were spontaneous abortions was not indicated and the number of induced abortions was not indicated frequently enough by the midwives to allow for the accurate derivation of spontaneous abortions, it is clear that it is not unusual for Creole women to experience an abortion.

The rate of all abortions experienced by women in the delivery records is given by major ethnic groups in table 14. The overall rate of abortion for Creole women is higher than it is for any other ethnic group. Their rate of abortion is almost twice the rate of the Hindustani and more than four times the rate of the Javanese. These figures only include abortions reported by women themselves. Their reporting may

be influenced by varying rates of the acceptability of abortion in differing ethnic groups; there may be physiological factors involved (the Maroon women had the second highest rate of abortion and have the same ancestry as Creole women, although there are many similar cultural and economic factors that come into play as well); or there may be a cultural bias to overlook miscarriages that take place early in the pregnancy (although the ratio of reported induced abortions is similar to, although lower in real terms, than the numbers given here).

Table 14
Number of Abortions
in Population of Delivering Women

	Mean Number of Abortions	Standard Deviation from the Mean
Creole (n=81)	.43	.76
Hindustani (n=112)	.23	.52
Javanese (n=41)	.10	.38
Maroon (n=79)	.33	.78

Source: Delivery records of s'Lands Hospitaal for January, 1991

It is likely that even if the real number of abortions is higher than listed and the ratios may differ somewhat due to unforeseen factors, the high rate of abortions among Creole women reflects real events. From the women who do have an indication in their records of which type of abortion they experienced (see table 15), none of those with spontaneous abortions were Creole while three were Hindustani and five

were Maroon (which indicates that ancestry may not be important in this case).[23] Of those who had induced abortions (listed as abortus provocatus in the records), two where Hindustani, two were Maroons, and 12 were Creole two of these women were brought to the hospital because of imperfect home abortions. (None of the Javanese were classified in either category).

Table 15
Total Number of Abortions Specified as Induced in Delivery Records by Ethnic Group

	Induced	Spontaneous	Totals*
Creole (n=81)	12	0	35
Hindustani (n=112)	2	3	26
Javanese (n=41)	0	0	4
Maroon (n=79)	2	5	26

*Includes induced and spontaneous abortions as well as those not specified in either category.

Source: Delivery Records of s'Lands Hospitaal January, 1991.

All of the abortions reported as induced had been performed at the hospital (the two home efforts were completed at the hospital), thus it is likely that other home abortions that succeeded and never ended up on hospital records were never reported. Because Suriname laws prohibit non-medical abortions and the cost at private clinics is more than a month's salary for most women, about sf.600 (i.e. sf.200 more than the delivery costs for the baby), it is doubtful that many use other professional sources of

abortion. Based on the evidence there is every reason to
believe that the rate of induced abortions among Creole women
is much higher than for other segments of the population.

The Creole Use of Abortions

If one looks at the fact mentioned previously in this
chapter that Creole women are the group with the lowest
number of postpartum sterilizations and the fact that the
number of children born to Creole women is basically similar
to that of other segments of the population (see chapter
eight), the explanation for the higher rates of abortions
within the Creole population does not lie in the fact that
they want fewer children than do women in other ethnic
groups.

Creole women tend to view real or potential
instability in a relationship as a good reason for aborting a
pregnancy. Since a man is expected to give more money to
support a woman that has born his child, he is less likely to
acknowledge a child as his if he does not want a relationship
to last. Informing a man of the conception may split a
troubled relationship even further. (The man will insist
that the woman got pregnant by another man. This gives him a
reason to deny that the child is his as well as an excuse to
leave the relationship).

Being able to care for the baby after it is brought
home is also important. There is little concern about having
an extra room to put the baby in, since most infants will

share a room with their mother for years. There is, however, some concern about clothing for the baby but support from family and friends tends to contribute in this area. When the father of the baby does not have the means to contribute to the baby's upkeep or denies paternity, this seems to be a reason to abort.[24]

Summary

Although menstruation is rarely discussed directly, a woman's ability to conceive is public knowledge due to perceptions of illness connected to menstruation. Menstruation is also an important sign of pregnancy although it is not as important to public acknowledgement of paternity as a is sicknesses that a man may get as he "helps" a woman with her pregnancy. If a man gets sick this supports the belief of others that he is the father of the child.

Men often encourage pregnancy and view a child as proof of their manhood and adult status. Having a child in common also tends to strengthen relationships and this has led unmarried Creole women to avoid sterilization so that their reproductive capabilities will still be available.

If conception does occur as part of a relationship but the relationship is not strengthened by the pregnancy or difficulties develop in the early part of pregnancy, abortion may be an option. If a man refuses to acknowledge paternity this may influence a woman's choice of having an abortion.

[1]This figure is determined from n=14. One woman reported that she began her menstruation at age 18 or 19 (she seemed uncertain as to the exact age when menstruation began which made her response less valid). This information was excluded since the high age was unique. If this woman is included as menstruating at 18.5 years old, then n=15 means that the mean age at menarche is 13.2 years old rather than 12.8 years old. The mode age at menarche for this sample was 12 years old.

[2]This may be a disappearing practice since it was generally elderly informants that expressed this idea. Younger informants would talk freely in front of children and I repeatedly heard stories of explicit instruction and visual displays by parents of very young children in response to questions of a sexual nature. I did not have difficulty discussing these matters. Older women would generally say that since we were both *bigisma* (literally "big people" but in this context it means "mature people"), we could discuss these topics.

[3]It appears that the term *futu* was historically used for both male and female genitals but younger Surinamers generally only use the term for male genitals.

[4]There may be a distinction between *uma* or "woman" and *fro* or "woman; wife," but the list of words presented to women as part of the postpartum interview to ascertain whether or not they applied to them (see Appendix A) produced little in the way of results. It may be due to the fact that it was the first question asked and it took some adjustment for women to get used to my pronunciation (especially in Sranantongo) or to the idea of listening and answering questions.

[5]The mailed questionnaire, which had a very low response rate (n=9), produced a mean age at first intercourse of 17.75 years, but the mode age was 16 years with a few women much older.

[6]The term "teenage pregnancies" is accurate in the strict sense of all pregnancies from 13-19 years of age. However, a pregnancy during this period may mean different things for each population. I interviewed several Hindustani women who were married at 14 or 15 and had a planned child the following year. For the Creole population a "teenage pregnancy" is roughly equivalent to an "unplanned pregnancy". This is reflected, in part, in the average age of women that deliver (see below).

[7]This result is out of 14 respondents. One woman said she had more relationships than she could count. When asked if it was more than 10 she relied yes. None of these relationships lasted very long. This woman also differed from the others in this sample in that she was well educated, had been to the Netherlands several times, and had an income much higher than that of the other women. She said she had delivered at s'Lands Hospitaal because some of her friends worked there.

[8]I failed to ask whether or not the newborn child was intentionally conceived. Even though all of the women had been using a contraceptive earlier, it does not mean that they did not want to get pregnant. In fact, although all of these women also said they did not want any more

children (the interviews were done about 12 hours after they had finished delivering) the mailed questionnaires to women who had delivered nine months earlier generally produced responses of one or two children with some saying it was up to God. It is likely that most of the women in the postpartum interview were also open to having more children, especially if their relationship changed. For more on this see chapter 6 for a discussion of number of children born to Creole women.

[9]I do not know the public response to this program. A program on childbirth was aired on television shortly before my fieldwork that garnered a number of letters from angry viewers that a birth should not have been shown on television.

[10]Most informants were aware that HIV existed in Suriname but did not think it concerned them. There was also misinformation given out by the sources attempting to stop the spread of AIDS. The monthly newsletter of *Stichting Lobi* reported that HIV could not be gotten from anal intercourse but they discouraged it "for aesthetic reasons." AIDS has, in general, become associated with those who are *waka-waka* personality types and an accusation of someone being HIV positive is considered an insult (see example in the text).

[11]Since this study is only focused on Creole women no attempt will be made to explain the rates of sterilization among the other groups. However, it should be noted that the Hindustani rate would be even higher but several women who had requested sterilization and had only daughters asked not to be sterilized after another daughter was born.

[12]Lowenthal (1984) has argued that in Haiti a woman's reproductive capabilities are as valuable to her economically as a large tract of land.

[13]Washing dishes and doing other household chores are especially important for female identity. One male informant was widely viewed by the community as a homosexual. He would dance with men at late night *winti* ceremonies. He specifically mentioned washing dishes and cleaning the house as things he liked to do. Other men, when discussing dish washing, would specifically mention that when they washed dishes they did it in a "manly" way. This was illustrated as choppy, sharp movements rather than flowing, graceful, dance-like movements.

[14]The general trend in the Caribbean is that lighter skin has a higher status (Marks 1975, Hoetink 1971) but it appears that in the lower strata of Suriname darker skin is at least preferable in some circumstances and possible has little negative influence on status.

[15]These beliefs may have been adopted from the beliefs of Native Americans in the region. The custom of the couvade is well known among Native Americans in Suriname (Dawson 1929, Kloos 1971), although Krumeich (1989) questions its existence.

[16]When women stated they responded "normally" to the pregnancy they often responded to the following question about the man's response "He was happy too." Which tends to indicate that a "normal" response for these women was likely a positive response.

[17]Although Maroon women generally have more children than other ethnic groups (see chapter seven), Creole women have about the same number as other ethnic groups and so family size probably has little to do with these figures.

[18]These statements are taken from two postpartum interviews and six unstructured interviews with informants.

[19]The details of this case are such that a woman who was a member of the extended family of several informants got pregnant at seventeen years of age. The father of the child left her and went to the Netherlands shortly afterwards. After writing several letters and attempting to get him to help financially, the woman learned from someone else that he had another girlfriend in Holland. She went to the hospital and asked a doctor to perform an abortion. The doctor never told her she could not get one but told her she would regret it and should wait to think about what she was doing (according to subsequent police investigation and her family members). She went back several weeks later and was again apparently discouraged from going through with the abortion. After her discussion with the doctor, she went into a hospital bathroom, locked the door and drank a bottle of the caramel colored undistilled vinegar sold in stores. Workers smelled the odor seeping through the crevices and got the door open. Although the woman was treated for poisoning, she died several days later.

It is possible that this woman only intended to induce an abortion rather than commit suicide since a number of home abortifacients are drunk. However, suicide is also common, especially among the Creole population, and drinking vinegar is considered one way of achieving that end.

[20]Since Okra is slimy it is believed to make the uterus more slippery so the fetus will just slide out. (Okra is also mentioned as an abortifacient in other parts of the Caribbean; Laguerre, 1987). Roasted cola nuts are also listed by Acsadi (1976) as an abortifacient for the Yoruba in West Africa.

[21]Hammen and Sedney-Nirhoe (1989) have noted in their joint research as students at the national university that extra-uterine gravidity in Suriname is ten times higher than it is in the Netherlands. The highest rates of extra-uterine gravidity were found among the Javanese while the lowest were found among the Creole. There could be a relation between these figures and the Javanese practice of flipping the fundus of the uterus forward in massage to prevent conception or induce abortion. This may also be related to the distinctly low number of abortions among the Javanese in relation to the other groups, particularly the Creole, as discussed in this chapter.

[22]There was only an 8% abortion rate in the Caffé (1985) study of teenage pregnancy. Most of the women in the hospital sample who reported abortions had undergone procedures at the hospital. They knew that earlier records were available to the staff and this may have influenced reporting. The teenage study also was more likely to have women who were pregnant for the first time and was a younger population. This means that these women had shorter relationships and therefore were less likely to have undergone an abortion.

Since the women in the delivery records who reported abortions had generally undergone the procedure at the hospital, there may be an underreporting of other types of abortions and these figures may be higher.

[23]If the rate of spontaneous abortions is indeed much higher among the Maroon population this may be an indication of health problems. Most of these women have come to the city as refugees because of guerrilla warfare in the rain forest, they rarely spoke Dutch and occasionally I spoke Sranantongo to a family member who then translated into Saramaccan for those who had come from deeper in the interior or were very young mothers. Most of these women had not been to school and reported very low monthly incomes. Clearly there is a need for research on maternal and infant care among the Maroon population in order to discover if any of these factors are significant and to what extent.

[24]It is likely that there are limits on the length of a pregnancy in relation to abortions and this may enter into the dynamics of relationships; but this was not investigated.

CHAPTER 7
PREGNANCY

A Woman's Appearance and Pregnancy

Pregnancy is viewed by most women as a positive event, a sign of good health, an indication that everything is functioning as it should, and an event that will bring a welcome child into the household. A pregnant woman is generally considered attractive and feminine.[1] When it is known that a woman is pregnant community members generally congratulate her and express approval of her condition. Advice is given, help is offered, and there is often a shared positive outlook. Since women rarely tell others that they are pregnant, the visible growth of the fetus is what serves to let most community members know that a woman is pregnant.

Maternity clothes are not sold in Suriname and most women just wear what they wore before they were pregnant for the entire pregnancy. These clothes may be modified if necessary or something may be borrowed from a larger relative. A small bookstore in Paramaribo had a book on making maternity clothes; but even though it was very dog-eared and frequently perused, it stayed on the shelf for at least a year and a half. Because women do not dress differently when they are pregnant, and generally wear their

165

clothes until they are too tight, this serves to reinforce size as the indicator of pregnancy.[2]

Pregnancy as an Event

Pregnancy is both a spiritual and physical event. A child must receive a spirit in order to live but the actual development of the child is a physical process that requires both the mother and the father to complete.[3]

A Mother's Contribution to the Child

During pregnancy the mother contributes blood to the child. This is considered essential and, as was mentioned with skin color variations, the loss of even a little blood can influence the appearance of a child. Although she is healthy, the mother needs to continue to be watchful because there are many things that she can do to harm the child. If a child is born with problems, it is generally the mother who is held responsible for causing the problems, although sometimes the responsibility is given to the father or *Gado* "God."[4]

The Father's Contributions to the Child

The father is also important to the growth of the child. Semen is considered important for bone growth and so the father should continue to have sexual relations until the child is born. Although some informants still believe this firmly, others strongly doubt its veracity or say they

believe the description of fetal growth they learned in
school but even they keep it in mind and try to make sure the
child's proper growth is cared for just in case it is
important. The belief that a father should continue to
support the growth of a child tends to support claims of
paternity. If a man continues to visit a woman's residence
when it has become clear to the community that she is
pregnant, then the chances that paternity will be credited to
him are increased. This is not always the case though.
Sometimes, as pointed out, a relationship dissolves on
discovery of pregnancy or a child's father may leave the city
to work in the interior or in another country. In these
cases a woman may develop a relationship with another man.
If the child's father is away and a woman has an affair with
another man this is not looked on as harshly as it might at
another time. This is generally recognized as due to the
fact that the man was fulfilling the "responsibilities" of
the child's father. In such unusual cases as this, the one
who is responsible for the conception is considered the
father.

Pregnancy Induced Changes in the Body

Increases in abdominal size are considered important
to the development of a pregnancy. Spiritual pregnancies, as
mentioned are largely determined by changes in abdominal
size. A pregnant woman is called a *bere-uma* (literally
"belly woman") and various references to pregnancy are made

with combinations of *bere* in them. Although the uterus, or *muru*, is also important it is largely emphasized in postpartum recovery or problems with menstruation.[5]

Although changes in size during pregnancy can be attractive for many, some of the changes that take place are considered unattractive, even though it is felt that they are inevitable. Stretch marks in the skin as a result of pregnancy, for example, are seen as undesirable but inevitable. They are referred to according to body region such as *bere marki* or *bobi marki* ("belly marks" or "breast marks"). Other undesirable results of pregnancy that women reported include varicose veins, tiredness, and difficulty in getting work done. Nausea, which was also mentioned as a sign of pregnancy, can be a sign of problems if it continues well into the pregnancy.

Diet During Pregnancy

A woman's diet during pregnancy can be important in issues of paternity for two major reasons. The first is the types of food women eat. Some are eaten more frequently during pregnancy or almost exclusively during pregnancy. If men are seen in the markets buying these types of good it is assumed by many, rightly or not, that they are buying the goods for the mother of their child (some will add they might be buying for a sister). The second, and more direct connection between diet and paternity is through the food

169

taboos that are specifically inherited by the father. An
inherited taboo can indicate paternity.

Diet and Pregnancy

In postpartum interviews Creole women were asked to
report everything they had eaten on the day before they went
into labor. Although Hindustani women tended to report a
diet of broths or light foods, Creole women tended to have
eaten substantial diets. Creole women generally ate bread
with a topping in the morning; they had rice with another
dish (e.g. pea soup or brown beans) in the afternoon; and
they had another meal of bread in the evenings.

If a pregnant woman expresses a desire for something
that is available it must be given to her. If it is not
given to her one of two undesirable things can happen. The
baby can be born with a birth mark (*moeder's vlek* or
"mother's mark" in Dutch and *Gado marki* or "God's mark" in
Sranantongo) or, more seriously, the child will die. One
pregnant woman had asked a neighbor if she could have a taste
of boiled plantain the neighbor was preparing but was denied.
Two days later the woman went into labor and delivered
stillborn twins. She said her children were born with their
mouths open because they did not get the plantains and she
blamed her neighbor for their deaths.

Pregnant women are more likely to get scarce foods
because of this belief although some people said they hide

foods they do not want to share when they see a pregnant woman coming towards their house.

Food Cravings and Avoidance Patterns

The diet of a pregnant woman does not change considerably from that before she was pregnant. Women will generally state that they ate everything during their pregnancy that they normally would have eaten at any other time. The only woman who ever specifically mentioned having cravings during her pregnancy had lived in the Netherlands for years and experienced cravings there. Despite this other women mentioned liking specific things even more during their pregnancy--things such as *sowa* or "sours." This includes a variety of pickled fruits that women make and sell on the streets or from their windows that face the street.

Perhaps the most important and the most consistent desire women reported experiencing during their pregnancy was the desire to eat *pemba*. *Pemba* is a white clay that appears to be mainly lime with a gritty sand-like substance in it.[6] It is dug by Maroon men in the Upper Para District of Suriname and sold in the market place by Maroon women. It can be purchased in balls or oval shapes from approximately four to six ounces in weight. Once a woman began selling red clay and called it *pembarediwan* "red *pemba*" but it did not seem to catch on since after a few days she quit selling it. When I mentioned to other women that she was selling it, they said they had never heard of it before and the topic

generated a big discussion which ended with the conclusion that it must be white *pemba* with bauxite mixed in.

Although none of the doctors at the hospital had ever heard of *pemba* or knew that Creole women were eating it, 53% of the Creole women during postpartum interviews responded that they had eaten *pemba* during their pregnancy and of those who had eaten *pemba* 88% had eaten it every day during the last months of their pregnancy. Women did not always have *pemba* on hand and 50% of those who ate it also occasionally ate uncooked rice or *goma* a starch used to stiffen clothing. Some women ate uncooked rice in addition to their *pemba* and one woman who had not eaten *pemba* at all also ate uncooked rice.[7]

While some things are eaten more often during pregnancy, others are generally avoided by pregnant women. Some of these foods are avoided at other times as well and some are avoided specifically because of the pregnancy. The most common avoidance during pregnancy is peppers. Surinamers generally enjoy food with hot peppers. They claim with pride that they have the hottest peppers in the world. It is considered best if a pregnant woman avoids eating peppers during her pregnancy for the health of the baby. Peppers are rarely given to newborn or young children either.

Although peppers are generally avoided only during pregnancy, there are other things that a woman should avoid based on inheritance that are more stringently avoided during pregnancy. The specific food to be avoided is known as a

person's *trefu*.[8] These *trefu* are foods that a person should not eat. If they eat them, the foods cause symptoms similar to allergies and can also influence the baby during pregnancy.[9] The most common *trefu* are fish without scales and pork (restricted foods for Jews) but other *trefu* also exist, including one woman's rice *trefu*--the staple food. *Trefu* are inherited from the father in that most of the children of a man will have the same *trefu* he has. If a woman avoids particular foods known to be *trefu* of a specific man, her behavior is considered a strong indication of paternity. Later on, as a child starts eating foods, *trefu* avoidance also strengthens community perceptions of paternity.

Prenatal Care During Pregnancy

Although pregnancy is considered a sign of health, it is also a very vulnerable time and one during which women need to be particularly careful. Prenatal care is called *controle* or "control" and most women go for *controle* during their pregnancy. These visits to the doctor, however, vary dramatically, and most women do not go until towards the end of their pregnancy. The highest number of visits to the doctor was nine with the lowest zero (see table 16).

During postpartum interviews most of the women responded that they generally went to prenatal visits for reassurance that everything was all right rather than to get specific information. When they were given instructions (for example, to cut down salt intake) they rarely did as

instructed. They did not feel any different, they would say,

whether they followed instructions or not.

```
                        Table 16
        Number of Prenatal Visits to a Clinic or the Hospital

        Creole n=67                      Hindustani n=103
        0-3 visits 23 (34%)              0-3 visits 30 (29%)
        4-6 visits 30 (45%)              4-6 visits 52 (51%)
        7-9 visits 14 (21%)              7-9 visits 21 (20%)

        Javanese n=32                    Maroons n=69
        0-3 visits 14 (44%)              0-3 visits 32 (46%)
        4-6 visits 13 (41%)              4-6 visits 28 (41%)
        7-9 visits  5 (16%)              7-9 visits  9 (13%)

Source: Delivery Records of s'Lands Hospitaal
        January, 1991.[10]
```

During prenatal visits to the clinic, women were told
not to smoke or drink alcohol during their pregnancy. In
postpartum interviews every one of the women responded that
they did not smoke during their pregnancy. Pregnant women
walking the streets, however, were occasionally seen smoking
and so the instructions by the physicians may have influenced
responses. Use of alcohol on the other hand was generally
reported, but only in small amounts during social affairs.

Several women in postpartum interviews when asked how
the child's father had contributed to the pregnancy mentioned
that he had taken them to *controle*. They viewed his presence
during the process as comforting and supportive.

There is one ultra-sound with monitor available at the
hospital.[11] As elsewhere in the world, Surinamers like the

ultra-sound to be able to determine the sex of their child,
but most ultra-sound examinations are given to help establish
a due date and the rest are given to check for potential
health problems and the majority of women do not have an
ultra-sound at all. Although the Javanese have methods of
determining the sex of a child, the Creole do not until the
actual delivery is underway when variations in labor are
credited to the different sexes (discussed in the following
chapter).

Illnesses During Pregnancy

Although women can get an illness that they might
usually get, there are some specific illnesses to which
pregnant women are particularly susceptible. These are
important because their supernatural nature may require
public acknowledgement of paternity, if it has not already
been forthcoming, and reconciliation of relationships.

Inherited from the Ancestors

When a woman is pregnant she is considered weakened
spiritually and this makes her more susceptible to problems.
One serious problem she may develop is a sickness from the
voorouders or *afo* the "ancestors." This problem is uncommon
now and only older women were even aware of it or had ever
known anyone who had experienced it. It has no specific name
and is not brought on by any actions of a woman. It is
inherited by a woman through her family spirits because her

"ancestors were possessed with something, you know, things brought from Africa."[12] These pregnancies are said to last for more than a year, sometimes two or three years. One elderly woman in a rural district had a sister who was pregnant in this way. She said the doctors cut her open and there was a snake inside. The doctor who cut her open went crazy because of the incident.[13] Although these types of pregnancies are now uncommon in Suriname, their similarity to pregnancies in other Caribbean communities and in West Africa indicates that these experiences have a long history in Suriname and these women say, with good reason, they were brought with family spirits from Africa.[14]

Fyo-Fyo

There is another spiritual illness that every Creole woman is familiar with and many have personally experienced. It is called *fyo-fyo*. A *fyo* is literally a flea but in this context the name refers to black flecks (or fleas) that are symptoms of a more serious problem. (The symptoms may not always be present when a woman is ill). A person does not theoretically have to be pregnant to get *fyo-fyo* but that is when all the cases informants knew of had occurred and it is considered the most likely time for a woman to get it.

The illness is brought on by social discord and its most common symptom is a pregnancy that goes beyond the due date. It rarely continues over a long period since as soon as *fyo-fyo* is suspected a woman is treated. *Takru taki* or

"evil talk" is, for some Surinamers, synonymous in meaning to *fyo-fyo*. When actual cases of *fyo-fyo* were discussed, it was always the father of the child who was the cause of the illness. Even though theoretically anyone could cause the illness.

Fyo-fyo is usually brought on during an argument. If the man says "I wish the child would never be born," for example, then his words will cause *fyo-fyo*. It is rare that a woman will say at the time "you just gave me *fyo-fyo*." Instead it is later, when it is determined that a woman has *fyo-fyo*, that such a statement will be recalled and blame is assigned.

The central therapy for the treatment of *fyo-fyo* requires the offending party apologize for the evil words they spoke and give money or show other types of concern. The result is usually a strengthening of the relationship.

A ritual bath is also important in treating *fyo-fyo*, as it is in the treatment of most illnesses. Part of the bathing includes pouring a calabash of water with *atsafisa* and *sibiwiwiri* over a woman (*sibiwiwiri* "sweeping leaf" is to sweep the woman out inside).[15] The *bonuman* takes a hen's egg and makes a cross over the navel while saying *fa a foru e meki eksi sondra wan pen sondra noti, so a pikin mus kon a doro sondra wan pen sondra noti*, which means "as a chicken lays eggs without a pain and without nothing, so a child must come through without a pain and without nothing."[16] This is viewed as an aid in easing the delivery.

When a woman has been treated for *fyo-fyo* the "fleas" should leave her. It is important that the fleas walk away if one is seen flying away then this is a bad sign. It means the spirit harming a woman has escaped and it will come back to kill her.[17]

Fyo-fyo may serve to strengthen public acknowledgement of paternity since the treatment usually involves the child's father. The father also generally promises to give support to the child during treatment which is associated with the legitimation of a child. Some informants reported that treating a woman for *fyo-fyo* also increases the chances that a man will "help" with the delivery as discussed in the following chapter.

Summary

During pregnancy the community may be made aware of a child's father through the continued visits of the father filling his expected role in contributing to the growth and development of the child during gestation. The father is also expected to join the rest of the community in giving a pregnant woman the things she wants to eat to insure the child's survival. As a man goes to the market place to buy things for a woman to eat, and especially *pemba* which is often eaten every day, others begin to assume he is buying the goods for a pregnant woman and he is the father of the child. *Trefu* are inherited from the father. The reseblance between a child's *trefu* and that of a man in the community

helps to strengthen claims of paternity. It will also bolster assumptions about paternity when the man indicated as the father denys the fact.

Perhaps the most significant and commonly occurring setting for the acknowledgement of paternity is during the treatment of *fyo-fyo*. A man must promise to help support a woman and the expected child and he should confess his faults in not taking the responsibilities of fatherhood that he should have taken upon himself. These various beliefs can be brought to bear to support a woman's specific claims of a man being the father of her children and they might serve to strengthen the involvement of the man later on during delivery and in caring for the child.

---

[1]Although people insisted that a pregnant woman is attractive and growing large is not negative, I never asked about obesity or largeness in general. Many Creole women gain a lot in size physically as they mature and weight was often carried disproportionately in the abdominal region. It was sometimes difficult to tell if a woman was pregnant or not and there were a number of accounts given by women who did not know they were pregnant until the baby was due or labor began. However, in everyday social interaction no one ever expressed disdain about someone's size or regrets about their own and it never seemed to be an important factor.

[2]Some women do express regret about size later on in the pregnancy, sometimes for appearance sake but generally because of the difficulties in getting around and getting things done.

[3]Some Creole informants expressed the idea that the spirit of a child had lived before and was reincarnated. This belief may have come from West Africa or from the local Hindu concepts many of the Creole's neighbors have. It is not clear how common this belief is within the Creole population.

[4]Generally the term *Gado* is used in reference to Christian deity rather than to other deity.

[5]There are a variety of *muru-dresi* or "uterine medicines" available in the market place for various menstrual problems. Some of these, such as those for cramping, can be taken during pregnancy, while most should be avoided during pregnancy.

[6]The eating of clays or other types of earth is known as pica or geophagy and it is commonly done during pregnancy (Hochstein 1968, Jones 1985).

[7]The sample size for the data on the *pemba* was n=15. *Pemba* is not just eaten during pregnancy. It also has very important ritual functions. During a *winti* ceremony it is sprinkled in powder form on individuals in who have gone into "trance" or are possessed by a *winti*. This has an immediate calming effect on the *winti* and can help a person to gain control of themselves again. *Pemba* is also used as a healing agent and is sometimes mixed in water with other things to be drunk.

[8]*Trefu* comes from the Hebrew for food prohibition. The Sranantongo word *kasher*, which also has Hebrew origins, is occasionally used as an antonym for *trefu*. This derivation might be related to the fact that many of the early slave owners in Suriname were Portuguese Jews.

[9]These symptoms include breaking out in a rash and congestion. Fischer, Fischer and Mahony (1979) see a relationship between food taboos and food allergies in many cultures or societies where they exist.

[10]The number of women included in this question is slightly lower than the numbers for other categories because the midwives had failed to record this information for several of the women. (Some of these women would just say they forgot their records and so nothing could be recorded. It is not clear how many, but it is definite that some of the women who said they had forgotten their records had never gone for prenatal check-ups. Therefore the number of visits for *controle* is probably actually lower than is recorded).

[11]An ultrasound is called an *echo* in Dutch with no Sranantongo term.

[12]In Wooding's (1981) examination of the *Winti* religion, he also notes the existence of this illness. He calls it *winti-bere* but women, when asked about this, said they did not know of a name for it.

[13]This woman's daughter-in-law refused to believe the story when it was told and said it was just an *Anansi tori* or "Spider story"--a folk tale, often from slave times or earlier, that is told during *dede oso* "death house" (or a wake) or at other important times. The woman insisted, however, that the story was true. The fact that it was a snake that was delivered is significant since snakes can be physical manifestations of *Winti* spirits. Some of the most powerful and influential *Winti* the *Vodu* will appear as snakes.

[14]In rural Haiti many women have suffered from an illness similar to the one describe for Suriname (Herskovits 1937, Murray 1976, Singer et al. 1988). They call their illness *pèdisyô* in Haitian Creole meaning 'perdition' in English. Up to one-third of the female population claim to have been afflicted with *pèdisyô* at one time or another. They describe the illness as a state in which a woman is pregnant for considerable amounts of time and can, if not healed, even be pregnant indefinitely (even after menopause is reached). Symptoms of this illness are such that menstruation ceases for several months and a woman tells others she is pregnant. The woman then begins to bleed again and outward signs of pregnancy disappear. These women insist that they have

not had miscarriages (with which they are familiar) when *pèdisyô* occurs but, instead, that the fetus had begun to develop and then became dormant at a certain point — not growing larger but remaining alive and firmly lodged in its mother's womb. The blood that is lost each month is viewed as necessary for an infant's growth and its loss is considered the cause of the fetal dormancy. But, even though the blood loss is the direct cause of *pèdisyô* its ultimate cause can be one of a number of sources, including cold winds, the *lougarou* (or werewolves), the dead, or witches and sorcerers. The cause can only be determined by the *houngan* or *mambo* (the *vodoû* priest or priestess respectively).

Herskovits describes a similar phenomenon in Trinidad known as *jumby belly*. A woman describes *jumby belly* as a state in which a sufferer responds in such a way that "She tell husband she going to have baby, an' believe so, too. Nine months, ten months, no baby" (Herskovits and Herskovits 1947:111).

Although this illness has a long history and its origins are obscure, it may serve a beneficial purpose as far as social support is concerned. Evidence in Haiti (Murray 1976) indicates that this illness is very prevalent among women who have not born a child in common with their current partner. I have argued (Staker 1990) that this belief serves to strengthen relationships. Since a relationship is more likely to endure if a couple has a child in common, if a woman is pregnant with a child from her current partner, even if that child is not born for years or is never born, then the relationship is more likely to endure. Lowenthal (1984) has seen a similar beneficial use of sexuality among Haitian women. It is possible that this belief also served to increase the stability of relationships in Suriname. If a couple had a child in common, even though it was never born, the man could be required to give more support to a woman and the relationship might tend to be more stable.

[15]*Atsafisa* is not listed in dictionaries of Suriname plants and has no apparent meaning other than as the name of a plant. *Sibiwiwiri* is from the genus and species Scoparia dulcis.

[16]The word used for "lay" an egg is *meki* or "make" which is the same word used for "deliver" a child.

[17]I am not aware that fleas in Suriname have wings, but flying insects are significant causes of illness. *Winti* can come to a person as a flying insect to harm them. The insects most likely to bring a *Winti* are fire flies, some beetles, and a white butterfly with silver spots that has several spike-like protrusions. The *Winti* typically only come as insects at night and so if one were extremely careful she would make sure the house was completely sealed off to keep all insects out. (A task that is impossible for many of the sagging wooden homes in which many of the Creole live).

CHAPTER 8
BIRTHING

Delivery and Paternity

Although men are rarely at the delivery of their child, their response during delivery can strengthen acknowledgement of paternity. Their response can be considered in the wider context of activities and phenomena surrounding the birth.

The Term of Pregnancies

The due date of a woman's pregnancy is important for Creole women. If the baby comes sooner or later than expected this can influence its health.

Premature Births

The views of other ethnic groups on the proper length of gestation has become incorporated into Creole beliefs in an inverse relationship. The Javanese view a seven month gestation period as ideal and Javanese women will undergo a ceremony at seven months that indicates the baby is "whole" and "perfect." If the baby goes beyond the seven months, it is not "perfect" again and it is considered best if the baby is not delivered until after nine months gestation. Nine months gestation is seen as good although not ideal.[1] (The

number seven is very important in a variety of settings for the Javanese). Hindustani women generally say nine months is the best length to carry an infant but they add that seven months is good too, and a baby born either seven or nine months after conception is viewed as equally healthy (but again not between these periods).

The Creole disagree with these views. For them a nine month gestation is considered full-term and ideal. When a Creole wants to insult someone they may call that person a *sebi mun pikin* or "seven month child." The insult lies in the fact that someone born at seven months is considered weaker and less energetic than others.

Postterm Births

Going over the expected due date is also of special note to the Creole. If a woman is overdue for delivery, it is important that something be done. If a woman has gone "several months" over her expected date then, naturally, *fyo-fyo* is presumed. If *fyo-fyo* has been ruled out, usually by a precautionary treatment, other things will be done to induce labor.

Bita (a class of herbs that play an important role in the postpartum cleaning of the uterus) may be drunk to encourage labor. If labor has begun but it is inefficient and the contractions are not forceful enough, *bita* is drunk to increase the contractions. Usually one calabash bowl of *bita* tea is recommended.[2] Although not mentioned

specifically as a means of inducing labor, a number of women
stated they had intercourse up until the day the baby was
born. (They feel this improves the health of the baby).
This practice may have served to bring labor on sooner than
would otherwise have been the case.

General Gestation Length

Despite the expected or ideal gestation lengths, most
women carry their babies approximately the same length of
time. When recording gestation dates it is rare to get exact
calculations. Women may differ slightly in the day in their
menstrual cycle they ovulate or if a woman menstruates
irregularly then the first day of the last menstrual cycle
may have little meaning in determining the date. But if
menstrual cycles and menstrual periods are examined for each
of the four major ethnic groups, then it becomes clear that
the majority of women have a cycle of 28 days with an
important segment having 30 day cycles. Creole women seem
more likely to have variation than other groups do and are
more likely to report that their menstrual cycle is not
normal (see table 17).[3]

Most women also have a period that lasts from 3-5 days
long. The unusually high number of Javanese women who
menstruate for seven days may be related to the importance of
that number in their cultural beliefs while the largest
amount of variation seems to lie within the Maroon population
(see table 18 and table 19).

184

```
                      Table 17
Woman Reports that Her Menstrual Cycle is "Not Normal"*
                   by Ethnic Group

                      Normal Menstruation    Abnormal
     Creole (n=67)          61   (91%)        6  (9%)
     Hindustani (n=105)    103   (98%)        2  (2%)
     Javanese (n=38)        37   (97%)        1  (3%)
     Maroon (n=68)          68  (100%)        0
```

*Women were not given a definition for "normal" and so these are self defined responses.

Source: Delivery Records of s'Lands Hospitaal January, 1991.

```
                        Table 18
        Length in Days of a Typical Menstrual Cycle
                      by Ethnic Group
     Creole n=64                    Hindustani n=96

     15 days  0                     15 days  1   (1%)
     21 days  1   (2%)              21 days  0   (0%)
     27 days  1   (2%)              27 days  2   (2%)
     28 days 55  (86%)              28 days 79  (82%)
     29 days  1   (2%)              29 days  1   (1%)
     30 days  6   (9%)              30 days 13  (14%)

     Javanese n=39                  Maroons n=64

     15 days  0                     15 days  0
     21 days  0                     21 days  0
     27 days  0                     27 days  0
     28 days 32  (82%)              28 days 49  (77%)
     29 days  0                     29 days  0
     30 days  7  (18%)              30 days 15  (23%)
```

Source: s'Lands Hospitaal Delivery Records January, 1991.

If, however, the number of women who report abnormal menstrual cycles is examined then the Maroon population has the lowest at 0% and the Creole population has the highest at

9%. (A total of 2% of the Hindustani women reported abnormal
menstrual cycles and 3% of the Javanese women).[4]

Table 19
Length in Days of a Typical Menstrual Period
by Ethnic Group

Creole n=70   Hindustani n=104

1 day   0   1 day   0
2 days   2   (3%)   2 days   3   (3%)
3 days 16 (23%)   3 days 32 (31%)
4 days 25 (36%)   4 days 27 (26%)
5 days 17 (24%)   5 days 29 (28%)
6 days   3   (4%)   6 days   6   (6%)
7 days   7 (10%)   7 days   7   (7%)
8 days   0   8 days   0
9 days   0   9 days   0

Javanese n=39   Maroons n=70

1 day   0   1 day   1   (1%)
2 days   2   (5%)   2 days   0
3 days   4 (10%)   3 days 21 (30%)
4 days 10 (26%)   4 days 20 (29%)
5 days 15 (39%)   5 days 14 (20%)
6 days   1   (3%)   6 days   7 (10%)
7 days   7 (18%)   7 days   3   (4%)
8 days   0   8 days   3   (4%)
9 days   0   9 days   1   (1%)

Source: s'Lands Hospitaal Delivery Records January,
        1991.

        In the sample of gestational dates, the women who were
uncertain of there last menstrual cycle were excluded from
the population sample in order to make the results as
accurate as possible (see table 20).

The Creole-Maroon population has a slightly lower mean for days from the first day of last menstruation to delivery of the child but, just as importantly, both groups also have the most variation in the number of days of gestation. This might influence the variation in birth weights in the Creole-Maroon population as is discussed below.

Table 20
The Gestational Age of Infants by Ethnic Groups

Creole

n=64 (81% of total)
x=271 days
s=21

Hindustani

n=95 (95%of total)
x=275 days
s=16

Javanese

n=33 (79% of total)
x=273 days
s=12

Maroons

n=57 (70% of total)
x=271 days
s=19

Source: s'Lands Hospitaal Delivery Records January, 1991.

Anticipation of Delivery

As the time of birth approaches, women will begin to rely more heavily on family members. Although this reliance will occasionally be a request for help with daily tasks or just a listening ear to hear complaints about the heat or other things, a woman who lives some distance from the city and travels with the busses will also plan to be with family members in the city for the last few weeks of her pregnancy;

or if she's already in the city a woman may move back in with her mother or arrange to be with someone else who can help after the delivery (see the next chapter for a discussion what this entails). These actions may influence the number of fathers who come to the hospital for delivery but it is not clear how much influence is exerted.

As delivery time approaches medications may also be taken to ease the delivery process. Most of these medicines are the same ones used to purify or thicken the blood (see Appendix F). Having one's blood system in good order is considered common sense before something like delivering a baby is undertaken.

Paying for the Delivery

Before a woman leaves the hospital there must be some determination of payment, many women anticipate this and make arrangements beforehand for payment. If an outside source (usually government) has not been found to pay for the birth then a woman is not able to take her baby home from the hospital.

A "class B" birth costs approximately sf.400 at s'Lands Hospitaal while a "class A" birth is approximately sf.1,200.[5]   The lower charge would be about a month's salary for most of the women (the average monthly income is reported as sf.465). This charge theoretically includes a three day stay in the hospital but women are generally released the morning after they delivered if the delivery was during the

day and the following morning if they delivered during the evening or night. This is done to to make room for all of the women who deliver at the hospital since women will also labor in the beds that are available.

There are two types of insurance available that pay for births. One is private insurance from a Dutch or Suriname insurance company and the other is the Staats Zieken Fonds, usually called SZF, which is a government insurance plan for government employees and their beneficiaries.[6] If a woman does not have insurance and is a Suriname citizen then she can get government support to pay for her delivery. This support is based on income levels. The general rule is that if a woman earns (or has available) 0-335 guilders per month, she is classified as *onvermogen* or "incapable" (which is in reference to ability to pay); if a woman earns (or has available) 335-500 guilders per month, she is classified as *mindervermogen* or "less capable;" and if a woman earns over 500 guilders per month she is considered able to pay for her delivery. Although these classifications are based on income other factors also play a role. It is assumed that a family could be earning unreported income. Bus drivers are always mentioned as a specific example of people who make more than they report since they never report all the money they get in fares. Besides looking at reported income, an evaluator will look at housing and the material goods an extended family has and include this in her classification of a woman's ability to pay.

Table 21 illustrates the classifications employed by
evaluators. The high employment of Creoles by the government
is reflected in the rates of their insurance by SZF. This
generally reflects the employment of men and women are able
to use the insurance of men in consensual unions even though
they are not married. It is also important to note that
those Creoles who are not insured are generally classified as
onvermogen rather than *mindervermogen* and 48% of Creole women
who deliver at the hospital have less than sf. 335 per month
available to them. Often women from Guyana or others who do
not have Suriname citizenship or cannot get support from the
government will leave the hospital shortly after birth to pay
as little as possible. They are included under the term
"self" for method of payment.

Table 21
Method of Payment for Birth
by Ethnic Group

	Creole (n=82)	Hindustani (n=112)	Javanese (n=43)	Maroon (n=80)
Self	6 (7%)	14 (13%)	7 (16%)	2 (3%)
Limited Ability	12 (15%)	49 (44%)	18 (42%)	9 (11%)
Inability	39 (48%)	26 (23%)	9 (21%)	57 (71%)
State Insurance	14 (17%)	16 (14%)	4 (9%)	5 (6%)
Private Insurer	9 (11%)	7 (6%)	4 (9%)	7 (9%)
Undetermined	2 (2%)	0	1 (2%)	0

Source: Delivery Records s'Lands Hospitaal January, 1991.

The Setting for Birth

Many births in Suriname take place in a similar setting. The narrow range of options influences where women choose to deliver their babies.

Where to Deliver

Little historical material is available on midwifery in Suriname. In 1784 an attempt was made to licence and control white midwives although black midwives were excluded from the licensing laws (Instructie voor het Collegium Medicum 1784). The fact that the attempt to licence midwives was made again in 1824 indicates that even European midwives had a large amount of independence in Suriname (Instructie voor het Collegium Medicum 1824). A retired midwife in Suriname (age 83), reported that her mother had not had any formal training in midwifery but had learned it from other midwifes. By the time the retired midwife learned her trade in the early 1900s there was formal training, although she also learned a great deal from her mother.

There was a major move towards hospital deliveries in Paramaribo in the 1940s and 1950s. Those who pushed for hospital deliveries felt that Suriname homes were dirty and a poor place to deliver babies (van der Kuyp 1970). Almost all deliveries by women who live within a reasonable distance now take place in a hospital. Women tend to choose hospital births for financial reasons. The state and private sources of funding for births will only pay for hospital deliveries

and government aid can only be received for deliveries in
s'Lands Hospitaal. Women occasionally call the midwives at
the hospital to ask about home deliveries. The midwives
perform home deliveries for about the same amount as it would
cost a woman to come to the hospital to deliver (the services
were roughly similar as well). Those who did opt for a home
delivery were generally women who were financially stable
enough that they would have to pay the full price for a
hospital delivery if they delivered there.

The Hospital

More than half of all the deliveries in Suriname take
place in s'Lands Hospitaal.[7] s'Lands Hospitaal was originally
built in the 1700s as a military hospital and that is why it
retains its military name *Hospitaal* rather than *Ziekenhuis* or
"sick house" the term used for other hospitals. (The
Sranantongo word *at-oso* or "hot house" is used for all of the
hospitals).[8] The hospital has gone through several
remodelings but most of the main structure was built around
or before the turn-of-the-century. The basement area is used
for archives and other storage. The first floor houses the
surgery facilities and the beds for those recovering from or
waiting for surgery. The second floor houses the rooms where
women wait to deliver and recover afterwards as well as the
delivery room[9] The "hallways" are on the outside of the
building and also serve as balconies where recovering women
can lean over the railing to observe the foot traffic below.

The rooms are open without windows or complete doors to separate them from the outside. This may allow an occasional butterfly in to brighten the room but it also allows the all important breeze to cross the rooms and counteract the view of a "hot house." Each room has approximately twelve beds in it with bassinets kept in one corner for most of the day. At night the bassinets are covered by mosquito netting and placed next to the mother's bed.. There is a large table with chairs in the middle of the room where women sit to eat their meals.

Getting to the Hospital

Transportation is important in most everyday activities in Greater Paramaribo; getting about becomes even more important when anticipating a delivery. Walking is the most important source of everyday transportation. But, in order to get from one section of the city to another, small 26 passenger busses are used by most women while bicycles and motor bikes are generally used by men. Almost all cars are driven by men)[10]. Women find it ludicrous when it's suggested that they take a bus to the hospital to deliver. The long stretches of walking required, the long waits, and the unpredictable nature of the bus system makes it very undesirable as a means of getting to the hospital. In Paramaribo, taking a taxi is the most common way women get to the hospital. Those who live outside of Paramaribo District tend to avoid taking a taxi if they can help it, since it can

almost double the price of a delivery--depending on where a
woman lives. In outlying areas, such as Uitkijk, women will
make arrangements well in advance of delivery with a neighbor
or friend who owns a car to get them to the hospital.
Whether near or far from the hospital, having access to an
automobile is crucial to getting to the hospital on time.
Recent difficulties in the hard currency situation for
Suriname has influenced imports of tires, car parts and new
cars; this in turn restricts the ability to get
transportation when it is needed. Most women (and men as
well) try to keep on good terms with a taxi driver or a
private owner of a car. Taxi drivers will then charge less
money and others would be more likely to give a ride when it
was really needed.

The Marienberg clinic across the Suriname river, will
often deliver babies from Meerzorg, Nieuw Amsterdam, and the
surrounding regions, but during the day they will frequently
send patients over the river to Paramaribo in boats. The
midwives at s'Lands complain about this practice but the
clinic midwife said that the parturient women went for check-
ups at s'Lands and since their records are there it is best
if they deliver there as well.[11]

Although women plan ahead and make all of the
necessary arrangements to get to the hospital when they need
to deliver, a number of infants are born in route to the
hospital (especially from the rural districts), at home, or
occasionally on the street. While doing my fieldwork, a

193

woman down the street delivered the baby of a woman just passing her store. The parturient woman was brought into the shop and a man that lived above the shop helped while they delivered the baby. The forty year old shop tender said that it was the third baby she had delivered in her store. Less than 1% of all women recovering at the hospital had delivered their babies before they came to the hospital, but there may be women who deliver in route and then return home to recover.

Labor

The first sign that delivery is imminent is the establishment of uterine contractions. These contractions are called *weeën* in Dutch (related to the English word "woe") or *pen* "pain" in Sranantongo. When labor pains begin it is considered time to go to the hospital. Women are aware that the pains come closer together and last longer as the delivery approaches, but they rarely time them as an indication of when they should go to the hospital. Surinamers do not see home as the place to labor and the hospital as the place to deliver; they see the hospital as the place where labor and delivery take place.

Labor pains are generally viewed in ambivalent terms. The hospital does not administer any drug to counteract pain during deliveries but when Hindustani or Javanese women are questioned about what the midwives do to help ease the pain they will often describe activities performed to deliver the

194

baby. Creole women will, with regularity, insist that nothing is done to ease the pains of giving birth. On the other hand strong labor pains are viewed as a positive sign that labor is progressing and some women imbibe herbal teas to increase the frequency of the pains. More painful contractions are also associated with having a girl. While admiring a newborn girl, a mother would occasionally respond "I knew it was going to be a girl because it hurt so much". It is almost viewed as a reward for a painful delivery since baby girls are the sex of preference (discussed below).

When a woman gets to the hospital she has to check-in and indicate method of payment. Family members frequently take care of the arrangements for payment while a woman is in the hospital if this had not been done beforehand. Women are very rarely sent home if they have come to the hospital in the early stages of labor. Instead they will stay in the hospital to labor (possibly because of traveling times and uncertainty regarding transportation).

Rupture of the Amniotic Membranes

If a woman arrives at the hospital to deliver and her amniotic membranes have already ruptured, a large *verwaarlosed* ("neglected") is stamped in blue ink across her records. If her membranes are still intact, as most are, then they are left alone during the delivery and they are not broken to speed up the process. It is significant that the Javanese and Hindustani women are more likely to live outside

195

of the city in agricultural districts and have a longer way
to travel than Creole women do, and yet Javanese women are
less likely to have ruptured membranes when they arrive at
the hospital (see table 22).

Table 22
Frequency of Water Breaking Before Admission

	Water Broken	Water Not Broken
Creole (n=82)	5 (6%)	77 (94%)
Hindustani (n=112)	9 (8%)	103 (92%)
Javanese (n=43)	0 (0%)	43 (100%)
Maroon (n=78)	2 (3%)	76 (98%)

Source: s'Lands Hospitaal Delivery Records January, 1991.

Labor in the Hospital

Although labor for most women begins before they
arrive at the hospital, many of them go through their labor
on the second floor of s'Lands. Laboring women may walk
around the hallways or sit around in chairs while waiting to
go into the delivery area. They are brought into the
delivery area when their cervix has dilated five centimeters.
This is not always a precise measurement. Occasionally a
woman is checked by a midwife and assigned to a bed only to
be checked later by another midwife and told she has only
dilated three centimeters. A midwife will be jokingly chided
that her fingers are too fat and that is why she measured
wrong (this brings something like the response "I spent my
childhood planting cassava and bananas, what's your excuse"

and it continues from there). Once a woman has reached five centimeters she is generally in the delivery room until the baby is born.

There are six beds in the delivery room. Each one is sectioned off on the sides by thin partitions about seven feet high (the ceiling is 10-12 feet high) and a plastic curtain that can be drawn over the front for privacy. (This generally is at least partially drawn). Two of the six beds are off to the right of the others each little room has a door that can be closed. These two rooms also have air conditioning. These are the "class A" birthing rooms. A "class A" birth can cost three times as much as a "class B" birth. A "class A" birth allows a woman a little more comfort during the birth and more privacy during recovery. Out of the 341 women who delivered in January, 1991, only one woman had a "class A" delivery. She was a Chinese woman who had delivered her first child in the United States. The "class A" rooms are not always kept empty though. Women are regularly put into these rooms even when there is an occasional bed empty in the "class B" section. On busy days, however, all of the beds are filled and since there are usually more than 10 births a day in the delivery room several beds are used at least twice a day for deliveries.

When asked how they responded during labor, women generally replied that they were afraid to cry out or make a noise but most will add that it hurt so bad they could not help themselves. A popular method of dealing with the pain

is to shake the hand with the index and middle finger extended so that they make a snapping noise. This action does not have a specific name but all Creole women agree that it means "I am in pain". Women will also cry out various extended vowel sounds in response to pain. The midwives who are almost all Creole (except for the supervisor who is Javanese) will continue to tell women crying from pain to be quiet.[12] These midwives will tell them they should be like the woman in the next bed who is not making a sound. The woman not making a sound is generally Javanese. They will go through the labor quietly and only call the midwife when they think they are about to deliver. Watching them clutch their bedding with their hands at regular intervals and then release it after a minute or so indicates that they do feel pains although later they will often insist it was not very painful at all. Creole women feel that crying out is an appropriate response to pain and even one of the midwives who recently delivered her own child replied that it was natural she cried out since it hurt. She joined in with the others, though, in asking the parturient women to be quiet, be like the "others," or quit giving the midwives a headache. Hindustani women would occasionally cry out, and would say that they were ashamed to do so, just like the Creole women. The Maroons were on the other end of the spectrum. They would continue to yell loudly, I frequently saw them "fall" out of bed and roll around on the floor. Midwives at other hospitals said they responded in the same way at their

institutions. Some midwives who delivered in the interior said that in their own villages Maroon women were much more passive during delivery while others disputed this. The response of Maroon women during delivery could be the result of delivering in the hospital setting in contrast to the more informal setting found in the interior. The midwives would tell these women to get back in bed since the floor was dirty. Creole women were usually much more sympathetic to and similar to the Maroon style of birthing than they were to the Javanese style of birthing.

While laboring, women were generally instructed to lay on their right or left side after being admitted into the delivery room and rolling over to the other side every 15 minutes or so. Laying on one's side is considered essential if the delivery is to progress normally. (I interviewed a retired midwife who claimed credit for this discovery. She said she had never read it in any of the textbooks she had seen). Creole women generally spend their labor in bed, unlike the Maroon women who get out of bed frequently and just stand or walk down the hall to take a shower. Some women open packets of food brought with them and eat as a way to pass the time. The hospital only served food to women after they delivered. Sometimes they ate in the delivery room; and sometimes they waited until they had gone into the recovery room before eating.

While a woman is going through labor, the midwives fill out her delivery records.[13] The midwife will call out

199

loudly a woman's name and then ask her a question. The parturient woman will yell the answer or ask back "What sister?" If there is no response then the midwife asks "Are you listening?" Some of the information used in filling out the forms is derived from a "family book" that each woman is required to bring to the delivery. The midwives say the reason these books need to be brought to the delivery is to determine marriage. This is in response to the occasional practice of Hindustani women who will come to deliver a child and give as the name of the father someone who was not their husband. This man and his wife are generally a childless couple who take this baby after the birth. I saw two women attempt to do this during my period of observation. (The midwives insisted they needed to put down the legal husband of a woman as the father of the child even though these women both said that another man had fathered the child and that their husbands knew about the relationship with the other man and said the other man should take the child since it was his).

While a woman is delivering she is often asked if she knows how delivery will take place. This is not a rhetorical question for Creole women. Their mothers are generally as reluctant to tell them about birth as they had been to discuss menstruation. One woman, who now has a Ph.D. in a Social Science and two healthy teenage daughters, recalled her first birth with humor. During her labor she told the midwives that the pains felt intense and she was sure the

baby was about to come. She wanted the midwives to come and cut her open to take the baby out--not knowing how the baby would be delivered. The nurse then explained how births took place. Her story was not unusual since I watched midwives explain to other young women in labor how births take place. Part of the explanation included instructions that they would feel the urge to defecate and should then call the midwife since that meant the baby was about to come. The groans of laboring women were punctuated by the occasional cry of *Zuster, ik moet poepen* or *Zuster, ik poep* ("Sister, I need to poop"). After these cries a midwife goes to check the parturient woman to see if the cervix has dilated (it usually has not and a woman is told to wait and not push).

Not every woman who comes to deliver is naive about how the delivery proceed. Multiparous women have had experience with a previous delivery. This group makes up 69% of those who deliver and 63% of the Creole women who deliver at the hospital (see table 23).

The fetal heart rate is monitored by the midwives with a long wooden funnel stethoscope. The midwife will push the stethoscope firmly against the abdomen and listen intently to see if the heart rate is beating too slow. This usually happens once shortly before delivery occurs.

Table 23
Number of Previous Deliveries
by Ethnic Group

Number of Deliveries	Creole (n=82)		Hindustani (n=112)		Javanese (n=43)		Maroon (n=80)	
0	30	(37%)	36	(32%)	16	(37%)	23	(29%)
1	18	(22%)	32	(29%)	18	(42%)	13	(16%)
2	15	(18%)	24	(21%)	4	(9%)	11	(14%)
3	9	(11%)	8	(7%)	3	(7%)	10	(13%)
4	4	(5%)	7	(6%)	1	(2%)	5	(6%)
5	3	(4%)	3	(3%)	1	(2%)	4	(5%)
6	1	(1%)	0		0		9	(11%)
7	2	(2%)	1	(1%)	0		1	(1%)
8	0		1	(1%)	0		1	(1%)
9	0		0		0		3	(4%)

Source: Delivery Records January, 1991.

Delivery

Naturally there is a great deal of individual variation in the events surrounding the delivery of each child just as there is for all of the events surrounding childbirth. But the variation in behavior and response surrounding delivery seems generally to be individual variation. There are no apparent responses to delivery that could be characterized as a typical "Creole" response besides those mentioned for labor in general.

Delivery for some is a very quiet event. Although women generally lay on their sides during labor they will be on their back for the delivery. They are told to grab onto their thighs and push. Women who have delivered in Guyana will occasionally have discussions about how they should hold their legs since in Guyana they are told to hold their ankles

during the delivery. The midwife will stand to the side of the delivering woman and quietly encourage the woman to push. This may be repeated a couple of times while the midwife holds her hand over the perineum as if to keep the baby from propelling across the room. The head crowns, then delivers, and turns to the side as the body is delivered. The nasal passage is often aspirated before the body is delivered.

At other times the delivery is not so quiet an event. Several midwives (up to six) will surround the woman and they generally give words of support. One midwife will hold each thigh and another one will help a woman push her upper body towards her thighs. There is often a chorus of "push!", "push!", "push!". This seems to build as the delivery progresses. These births end with sighs of relief by the midwives and hearty congratulations or a "you did it" are offered to the woman.

For the very rare occasion where a delivery has gone on too long (which is viewed as over 24 hours) or some other problem seems evident, the doctors are called in. These are never quiet or uneventful occasions. One midwife will get the large vacuum suction device that is used to pull the child out, other midwives surround the woman and give her comfort and encouragement, the doctor comes in, generally gives an episiotomy as standard procedure, and inserts the vacuum hose on the infant's head. He then begins to assist the child out through the birth canal.

Although the responses of individual women may vary, there are some specific physical outcomes that follow general trends. Those ethnic groups who have historically been urban residents tend to experience similar birth trauma (see table 24).

Table 24
Condition of Perineum by Ethnic Group

Condition	Creole (n=65)		Hindustani (n=93)		Javanese (n=35)		Maroon (n=62)	
Intact, Whole	43	(66%)	56	(60%)	20	(57%)	51	(82%)
Slight Tears	3	(5%)	6	(7%)	5	(14%)	0	
Episiotomy	3	(5%)	7	(8%)	3	(9%)	2	(3%)
1st degree rupture	5	(8%)	8	(9%)	3	(9%)	3	(5%)
2nd degree rupture	9	(14%)	14	(15%)	4	(11%)	4	(7%)
3rd degree rupture	0		0		0		1	(2%)
Episiotomy/rupture	0		0		0		1	(2%)
Subtotal rupture	2	(3%)	1	(1%)	0		0	
Total rupture	0		1	(1%)	0		0	

Source: s'Lands Hospitaal Delivery Records January, 1991.

Although I never observed a Caesarian section performed, the one time a woman was taken from the delivery room to surgery where a section would be performed the event was surrounded with a lot of commotion. The woman, born in 1952, was delivering her first child. Because of this the midwives said it was a "kostbaar kind" ("valuable" or "expensive child"). But it had also been determined that she had toxemia (preeclampsia). In January 1991 only one woman (a Maroon woman) was given a C-section (an average considerably

lower than 1% of all births starting in the delivery room end in Caesarian sections).[14]

Family Support During Delivery

There is a bench outside of the delivery room that generally has a few anxious people waiting to hear about a birth. These are usually family members of Hindustani women. Several times during observations the mother of a Hindustani woman in labor was by her side for most of the labor. Some mothers would have alcolade for the daughter to smell for nausea. They all would touch their daughter, generally on the arm, back or other part of the upper torso. These mothers left the room for the actual births. Two Hindustani husbands came in to visit their wives, bring food, and give encouragement. They also left when the births took place.

One Maroon husband came in when his wife was in labor and brought her some food and sat by her for a while. The only Creole to come into the delivery room was the neighbor of a Hindustani woman. There was some debate as to whether she should be allowed in since she was not actually family but eventually she was let in to visit for a few minutes.

Although Creole family members are rarely seen outside waiting on the bench occasionally they come to the hospital to wait. Several women mentioned coming to the delivery as a way the child's father contributed to the pregnancy. The general lack of Creole family members at the hospital does not mean they are not concerned about the woman and the

outcome of her birth. Most wait intently at home for news of the woman and her birth. The midwives are frequently asked to call family after the birth and inform family about the event. The sex of the baby is usually reported as well as weight and the time of birth. During the birth a family member may feel pains, nausea, or other "symptoms" of birthing. It is generally the father of the child who feels birth pains. When this happens the family will say that he "helps" *(yepi)* her. Creole informants reported that a husband who "helps" his wife through delivery is generally one who is supportive of her and has a close relationship with her.[15] This is also a way to assert paternity since a man who experiences pains during the delivery and who is not a family member is generally considered the father of the child.

Special Births

The circumstances surrounding a birth may indicate the special nature of a child. For example, if a child is born with a covering of the amniotic sac over its head this caul indicates that a child will have special clairvoyant powers and be able to see spirits and other things outside of the average person's abilities. A set of twins is believed to be endowed with similar spiritual powers. A person born after twins is called a *dosu* (which also means "placenta"). A *dosu* is particularly gifted with spiritual abilities.

Age of Mother at Delivery

Creole women are on the average slightly older than others who deliver at the hospital, with an average age of 25.51 years (see table 25). This is partly due to the fact that Creole women are more reluctant to undergo sterilization and so have a longer reproductive period. Many of the Maroon women who delivered were older with very large families but there were also many young Maroon women delivering their first child.

<div style="border:1px solid">

Table 25
Average Age of Mother at Delivery
by Ethnic Group[16]

Creole	Hindustani	Javanese	Maroon
x=25.51 years	x=24.86 years	x=24.33 years	x=24.02 years
s=5.05 years	s=4.70 years	s=5.60 years	s=6.26 years

Source: s'Lands Hospitaal Delivery Records January, 1991.

</div>

Day of Delivery

The day of delivery has spiritual importance. Each person has a *kra* which is their life force. This *kra* is called by name during healing events and other rituals and the name is determined by the day of the week on which a person was born (see table 26). When the *kra* hears its name called it will respond. Akuba is likely to be the most common *kra* name for women born at s'Lands Hospitaal.[17]

Table 26
Kra Names

Day of Birth	Female Name	Male Name
Sunday	Kwasiba	Kwasi
Monday	Adyuba	Kodyo
Tuesday	Abeni	Kwamina
Wednesday	Akuba	Kwaku
Thursday	Yaba	Yaw
Friday	Afi	Kofi
Saturday	Amba	Kwami

The Afterbirth

After the birth is completed the umbilical cord is cut and tied with a string. The baby is laid on the bed usually between the mother's legs. The midwives like to ask the mother if she wanted a girl or a boy before they tell her the child's sex. Invariably a Hindustani mother replies she wants a boy while a Creole mother replies she wants a girl. Price (1984) points out that having girls is important to Saramaccan women also. But if one looks at Maroon women as a whole, they are less likely to be disappointed than Creole women since they deliver 59% females to the Creole rate of 38% (see table 27). The mother will usually lay on her back to rest while the midwife gently tugs on the umbilical cord. Then, when it is clear the placenta has separated from the uterine wall, the woman is told to push again and the placenta is delivered. The placenta is checked to see that pieces have not broken off and then put in a bucket to be

thrown away. Javanese women will generally bring a plastic bucket to carry their placenta home with them where it is ritually buried, but Creole women are no longer concerned about this even though historically they would bury the placenta.[18] For the Creole burial of animal placentas is still important since they believe that if the animal eats the placenta it will not bear any more young.[19]

After a woman delivers the placenta attention turns to the baby. It is picked up from were it was laid down and held up for the woman to see (if she asks to see it). The baby is then taken over to a large stainless steel sink and washed off under running water. Gauze is wrapped around the umbilicus stump and around the entire abdomen. Ideally the baby is then given a diaper and dressed in a bright orange gown. Since there is a shortage of diapers the gown occasionally serves the purpose, or the baby will wait until a diaper is found. Babies are then placed in a "crib" (i.e. a *weeg)* which is three separate slots partitioned by boards. Sometimes a baby may be left on a bed for up to an hour before it is put in the crib since the midwives are generally very busy.[20] After delivery arrangements are made for a bed in the recovery area. Generally a woman is taken in the recovery area in a wheel chair although some women get up and walk into the recovery area.

```
┌─────────────────────────────────────────────────────────────────┐
│                          Table 27                                 │
│              Sex of Child Born by Ethnic Group[21]                │
│                                                                   │
│              Creole      Hindustani     Javanese      Maroon      │
│              (n=81)      (n=111)        (n=43)        (n=80)      │
│    Male      50 (62%)    58 (52%)       18 (42%)      33 (41%)   │
│    Female    31 (38%)    53 (48%)       25 (58%)      47 (59%)   │
│                                                                   │
│    Source: s'Lands Hospitaal Delivery Records January,            │
│            1991.                                                   │
└─────────────────────────────────────────────────────────────────┘
```

	Creole (n=81)	Hindustani (n=111)	Javanese (n=43)	Maroon (n=80)
Male	50 (62%)	58 (52%)	18 (42%)	33 (41%)
Female	31 (38%)	53 (48%)	25 (58%)	47 (59%)

Source: s'Lands Hospitaal Delivery Records January, 1991.

Variation in Birth Weight

After the newborn is washed, and before it is dressed, it is measured and weighed. The number of low birth weight infants is 17% of all births (see table 28 and table 29). After this is done the mother is taken into the recovery room along with the baby and the postpartum period begins.

Table 28
Average Infant Weight in Grams by Ethnic Group

Creole (n=80)	Hindustani (n=112)	Javanese (n=43)	Maroon (n=78)
x=3,059 s=582	x=2,899 s=462	x=3,029 s=427	x=2,914 s=441

Source: s'Lands Hospitaal Delivery Records January, 1991.

Table 29
<u>Number of Low Birth Weight (<2,500 grams)</u>
<u>and High Birth Weights (>4,000 grams) by Ethnic Group</u>

	Creole (n=80)	Hindustani (n=112)	Javanese (n=43)	Maroon (n=78)
Low Birth Weights	13 (17%)	21 (19%)	5 (12%)	15 (19%)
High Birth Weights	2 (3%)	0	0	1 (1%)

Source: s'Lands Hospitaal Delivery Records January, 1991.

<u>Summary</u>

Most of the births in Suriname take place in s'Lands Hospitaal where observations were made. Most Creole women are either classified as *onvermogen* and the government pays for the birth or they are in a consensual union with a man who works for the government and the birth is paid for by state insurance. During the birth Creole men do not come into the delivery room and rarely wait outside with the family; but they may be at home experiencing "pains" that "help" a woman through the delivery. If a man experiences this it strengthens the belief that he is the child's father and it strengthens a woman's claim on his support for the child.

---

[1]This ceremony, given to Javanese women, emphasizes the ease of the delivery and reinforces the fathers role in the process. A coconut is rolled off the gravid abdomen down through a woman's partially spread legs and caught by the father. The coconut is then cut with a machete. A straight cut that divides both halves equally indicates a girl will be born and a cut to one side indicates a boy will be born. One Javanese woman that had delivered three boys felt that, although this method may not work for everyone, or every time, it had predicted all three of her

sons. After the ceremony a juice is drunk made with seven different ingredients.

[2]The calabash is cut in half and a bowl formed. A calabash approximately one pint in size is used (500 cc's) and a handful of dried leaves from the *finibita* (Phyllanthus amarus from the Genus Euphorbiaceae) plant is used.

[3]The intent of this question was essentially to determine whether or not women miss a menstrual period regularly, which will make the determination of their due date less valid. However, since the midwives ask if their menstrual cycle is "normal" rather than regular, and they do not define what "normal" is, the results of this question really indicate how women feel their menstrual cycle compares to that of other women.

[4]There were no consistent norms on which to base normal or abnormal menstrual cycles. These are just figures based on the views that women themselves had of their own menstrual cycles. It could be that Maroon women just recognize a greater diversity in menstrual cycles and hence consider all cycles normal while the Creole women have a specific pattern in mind that they do not fit. In the rain forest Maroon women separate themselves in the menstrual hut during menstruation and could therefore be more aware of the diversity in cycles than are other ethnic groups. It is also noteworthy that they have greater variation in the number of days their cycle lasts than do other women in the sample and yet they were more likely to consider their menstrual cycle "normal."

[5]I do not have specific rates for deliveries at the private hospitals but they are reported as being significantly higher.

[6]Although relatively few women work while pregnant, only a small handful of employers give maternity leave (Engkaar 1989)

[7]Although I have seen a record of the exact number of births per year at the hospital, I neglected to transcribe it. The number of births for January, 1991 was 341 and so extended to a year it would be approximately 4,092 births per year at the hospital. National birth records are only available up until 1987 but the trend has been a declining total number of births. If this trend has continued then more than 42% of all deliveries in the entire country would have been done at s'Lands Hospitaal.

[8]"Hot house" was the term used for hospitals in Jamaica during slavery as well (Dirks 1987). It is a descriptive term for the place where sick slaves were taken to be nurtured. Other slaves with healing knowledge were frequently sought out to oversee the healing and African healing knowledge frequently had high status even among the European population (Craton 1976).

[9]The hospital follows the Dutch pattern of not referring to the ground floor in counting numbers of levels. They refer to the delivery area as the first floor. I have used the American pattern here for clarity.

¹⁰Observations were made one day while waiting for a ride and of the first 100 cars that drove by only one was driven by an Asian women. The rest were driven by men.

¹¹The midwives "in the districts" (i.e. not in Paramaribo) complain that they are the one's that do most of the deliveries and the doctors over the districts take a large fee out for every delivery done. The midwives say that if the delivery is at night, the doctor is more likely to have them take care of the delivery too.

¹²The four gynecologists (who occasionally deliver in difficult births) are all Hindustani or Chinese and the women in charge of the recovery section are both Hindustani. Most of the nurses aids are Creole. There is a distinct difference in professions at the hospital based on both gender and ethnicity.

¹³These are the records used in my sample of all births in January, 1991.

¹⁴This number represents only those women who came in to have a vaginal delivery. Those who have scheduled a C-section in advance follow a different process. It should be noted here that there is evidently a very high maternal death rate during delivery in Suriname. Dr. Ashok Mungra is currently examining the issue and preliminary findings are that Suriname has a maternal death rate of 8 per 1,000 deliveries. I never saw a death during my observations and there were no deaths in my January, 1991 sample, although I saw some in records for other months. It is noteworthy that these doctors and nurses work with very little equipment, limited space and a lack of other resources.

¹⁵The couvade, as practiced among the Native Americans in Suriname, has received some attention in anthropological works on specific groups. Krumeich (1989) recently has argued that the couvade ritual may not exist among the Carib but she gives little justification for this and it may be that the practice has declined as a result of industrialization (Paige and Paige's [1981] explanation that the couvade is a reinforcement of male fraternal organization control over children may explain this trend and is directly relevant to Creole "helping" and a way of asserting paternity). Native American tradition may have influenced Creole practices in this area.

¹⁶These figures were determined by using a program that used the mother's birthdate and the child's birthdate to determine the mother's age in days. These figures were divided by 365 to give years (leap years were ignored).
¹⁷ In a sample of 1,184 births at the hospital there is a marked rise in births on Wednesdays and a marked fall on Sundays, although no attempt is made to explain why this is the case it does indicate that some birth names will be more common than others for those born at the hospital.
¹⁸Buschkens gives a description of earlier practices surrounding the care of the placenta. He states:

> The umbilical cord and placenta are rolled up in a newspaper and later buried near the house in a special pit, usually behind the privy. It is believed that if this is not done the child may become feeble-minded. The new mother, or the

female relatives present, subject the navelstring [umbilical cord] to a close scrutiny, as the number of "knots" in it is supposed to foretell the number of other children to which the woman will give birth, as was mentioned above. There is also a belief that the deeper the pit in which the navelstring [umbilical cord] and placenta are buried, the longer it will be before the woman has another child. So as to make sure she will have more children a woman may in some cases desire the navelstring [umbilical cord] to be buried on top of the placenta, with a coin placed on top of it or some salt scattered over it. The burial usually takes place with the assistance of the midwife. These customs in connection with the afterbirth are still so much alive as to cause some women who have had hospital deliveries to ask to be given the navelstring [umbilical cord] and placenta to take home in order to be buried there. (Buschkens 1975:236)

(Although this may be the case I never observed a Creole woman ask to take her placenta home while I did see Javanese women ask for the placenta. The midwives said that women occasionally asked to take the placenta home but they could not recall the ethnicity of these women).

[19] I once went hastily with an informant to see his cow after news came that it had calved. The placenta was gone by the time we had arrived but he said that other animals had probably come and taken it away and so he was not worried that his cow had eaten it.

[20] I had intended on watching the mother's eye contact and first interaction with the infant for a cross-cultural comparison to Trevethan's (1981, 1982, 1983, 1987) work. Since this often took place hours later and the time was unpredictable, the observations could not be made.

[21] Differences in sex ratios between the Creole and Maroon population may be due to the "Australian antigen" associated with hepatitis B (Blumberg 1972, Blumberg, et al. 1972).

CHAPTER 9

MATERNAL POSTPARTUM RECOVERY
AND INFANT EXTEROGESTATION

Postpartum Recovery

The period after the birth is a time of recovery for
the mother and a critical period of development for the
infant. It has been termed a period of "exterogestation" by
Montagu (1961), Gould (1977), and Trevethan (1987).[1] For the
"exterogestation" period the infant is called *watra pikin* in
Sranantongo a term used for the first 6-7 months of life.
Watra pikin literally means "water child" and refers to the
nursing period but is more narrowly defined since babies will
nurse beyond the *watra pikin* stage and just refers to the
period of time when infants historically were solely nursed
without food supplements. A *watra pikin* is considered very
vulnerable, tender, and in need of a great deal of care.

The Hospital Period

For approximately the first hour after the birth of an
infant the mother rests in the same bed in which delivery
took place while the midwife cleans the infant and places it
in a separate area while she completes her records. Then the
mother is moved into the recovery room where approximately
ten other women are also recovering from delivery. Women

215

bring a small bag or basket with them to the hospital, this generally has a comb and a dress in it. (Women generally sleep in a simple dress while in the hospital. Some women, generally Hindustani women, bring night gowns to wear). There are often other things in the bag as well, such as a mirror or sometimes food. Meals provided by the hospital are brought already dished on plates three times a day and women eat at a table in the center of the room. The diet is generally rice and beans, with the occasional addition of meat. Many of the women spend most of their waking hours on the balcony watching people pass below. Those who had traumatic births will often spend most of their time in bed and only get out to eat or bathe. There are two hours in the morning and two hours in the evening when visiting is allowed. It is common for women to go into their beds and lay down while family members come around the bed to visit during these periods. Some women will stay on the bench outside and family (almost always an older woman--likely the parturient's mother) will sit next to her. The newborns are generally kept in bassinets covered with mosquito netting gathered near the back entrance. They sleep most of the time and are left alone unless they cry. The diapers are provided for the babies while in the hospital but mothers are supposed to bring their own diapers for the baby to wear home. Many can not afford diapers and some manage to take a diaper home from the hospital. This diaper is often used when the baby

is taken out on the town. The practice has led to a chronic shortage of diapers at the hospital.

The hospital staff requires new mothers to breastfeed their babies while they are in the hospital. Nursing assistants will bring the babies to their mothers to feed and then return them to the bassinets. Occasionally a woman will keep the bassinet by her bed but this usually only happens during visiting hours. Women are also more likely to hold the baby during visiting hours when family is present. The practice of returning to their beds and more frequent holding of the baby by a new mother seems to imply there is an expected recovering mother role. They perform this role in front of other family members, but when the family is not around it is less important.

Women rarely hold their babies while in the hospital and almost never for any length of time during the first hours after delivery. Mothers generally will hold their babies only when they are feeding the newborns. All of the mothers in postpartum interviews said that they planned on combining breastfeeding with bottle feeding when they took the baby home. The hospital staff generally encourages breastfeeding but women are resistant to it. The most common reason was that they did not want large sagging breasts. Views on nursing women are reinforced by stories told of Maroon women. Some of these stories border on the ludicrous such as women having "milk fights" with their breast milk.

Other discussions that focus on the large, pendulous breasts of Maroon women are based in fact but exaggerated.

Many of the older Creole women did breastfeed their children and younger women frequently will attempt to breastfeed for a couple of months but not much longer. It appears that an important influence on the reluctance to breastfeed is the fact that the grandmother is often responsible, in part, for the care of the infant. It is typically the grandmother who carries the baby out of the hospital as the mother and daughter check out. Although the father may occasionally visit at the hospital, he is rarely involved in the care of the newborn and may not even have contact with the mother or child during the recovery period.

Recovery at Home

New mothers rarely stay in the hospital for long. Check-out time is 10:00 am each morning. There are four categories of recovery in which women can be classified. Women who spend the shortest possible time in the hospital are those who must pay for their own delivery and will check out the morning after regardless of what time the baby was delivered. This reduces their expenses for the birth. The second category consists of women who only pay for part of the delivery. They are still motivated to leave early to cut down costs. The third category of women are those who are entirely covered by the state or insurance. Then tend to remain for a 24 hour recovery period but they are encouraged

to leave after this time to free up beds for others. Only those who have had extremely traumatic births will generally stay in the hospital for more than two days.

Ritual Cleansing Baths

As women leave the hospital those who have had stitches are told not to get the perineal region wet for several weeks. The nurses say they tell the women this since they know that most Suriname women will undergo a ritual cleansing bath when they get home. Although this bath originated with the Creole women, it is currently used by many Surinamers in all ethnic groups. Most of the midwives also approve of the practice as necessary to clean out all that is "dirty" in a woman after her delivery.

When Creole women are asked about childbirth every one of them will discuss the postpartum cleaning period as a central theme of the childbirth process. As soon as a woman comes home from the hospital and enters the house there are important things that need to be done. She will get a tub or large basin and fill it with hot water. Older women will say that this tub has to be made of wood, preferably the cut off section of an old barrel from the waterfront market. Younger women say that a plastic container is acceptable if you cannot find a wood container. Two wooden sticks are placed on top of the tub running parallel as support for a woman to sit on during the cleaning. Water is heated and lime leaves are put into the water. The hot water is poured into the tub

and a woman sits on the sticks while the steam rises up to her. She has taken all her clothes off and covers herself with a blanket so that her entire body steams. The woman's mother, brother, or other close relative will help steady her over the tub and keep hot water in it to steam her. After sitting over the tub for about an hour, the woman's body is massaged with the herbal water. There is particular concentration on her breasts to bring in her milk.[2] A towel is dipped into the water and wrung out then it is put on different areas of the body. After this a white piece of muslin about ten feet long and two feet wide is wrapped tightly around the woman's abdomen. She is bound every day during the recovery period.[3] The cleansing and binding is done twice a day as the sun comes up and as the sun goes down (mofo dey "mouth of the day" and mofo neti "mouth of the night").

For the first week postpartum the only thing boiled in the water is lime leaves. After the first week a mixture of dyara kopi (Siparuna guianensis), busanansi wiwiri (hairs from a tarantula), and masusa wiwiri (Renealmia exaltata) is put into the water and a woman washes twice a day with these for three months. Only when a woman has completed this process can she have intercourse with her husband again.

While a woman undergoes this cleansing process she will drink herbal brews intended to clean out her reproductive system. The brew is made of fini bita (Phyllanthus amarus), luango titey (Aristolochia macrota),

and *pedreku (Xylopia)*.[4] A little anise seed and salt are added for flavoring. During the postpartum period this mixture is drunk every morning, midday, and evening. When a woman drinks this mixture she is supposed to hold her breasts up so that the brew will not flow into her breasts since it is considered bad for the baby and will give the baby stiff or hard bones. Women undergo this process to make themselves "pure" and "strong" inside. They say that a man does not want a woman that is not "strong" (*tranga*) inside but it is also good for the woman since she will take care of herself better. Being "strong" refers in this case to sexual relations. Women say that *dyara kopi* will make the vagina "close like a flower" and it will become like that of a "young woman." Some women undergo this process fairly regularly as they mature.

A woman becomes "pure" *(kaseri)* as the postpartum bleeding stops. The bitters *(fini bita, luango titey)* are specifically intended to aid in this process. (The *pedreku* is taken for cramping and is frequently used by women during menstrual periods as well). The bitters are believed to "dry up" the flow of blood. Some older women also put a folded piece of newspaper soaked in rum up into the birth canal but none of the younger women seem to do this. This practice is also intended to help clean a woman inside. The postpartum flow of blood is seen as dirty and is connected with the same beliefs surrounding menstruation.

Dirty *(doti)* is seen as the opposite of clean *(krin)* in more than a strictly hygienic sense. A person who practices "clean living" *(krinlibi)* is one who is active in a Christian denomination and adheres to it's dogmas. It also includes living the principles discussed under character. Having a clean body is also connected to the idea of a clean life. Bathing is part of many of the healing strategies used by a *bonuman* when treating a person. Things such as fleas that are associated with uncleanliness are also associated with illness. Body odor is also disdained. Florida water is put on after intense dancing at a *Winti* ceremony to mask some of the perspiration scent. The water is also used in ritual baths and is poured over a persons head to help cleans them from evil.[5]

The herbs used for postpartum treatment have a pleasant smell for many women. They say they know that a woman has recently had a baby if they smell these herbs as the woman walks by them on the street. The smells will occasionally lead women to begin discussing their own deliveries and recoveries.

Historically women would remain inside the house with their child for about a month (until they stopped bleeding and have recovered from the delivery). Now women are much less concerned about staying in and will often go out within days of the delivery.

Introducing the Child to its World

Although most Creole do not bother to take the newborn child out and introduce it to the world, some of those in rural areas still do this. Generally the baby's father will take him or her out into the yard. The father will hold the child out in both hands as he walks around and introduce the child to the important plants around the house. The father may even tell the newborn a little about each plant.

At this same time leaves from the *alata tere* ("rats tail") are boiled and the baby is given a little of the broth to drink.[6] This is done to get rid of "infections and dirt" inside the baby. The baby is also given a cleansing bath in the remaining water. This is done as often as it is felt necessary. If a baby develops diaper rash then the thick white liquid of the *merki wiwiri* plant is rubbed on the afflicted area.

Preparation for Walking

Along with introducing the child to its surroundings, emphasis is placed on walking. Some parents will stroke the bottom of the babies feet with a brush made of rice paddy tied in a round bundle. Most parents will just put the infants feet down in the grass and drag her or him along a little ways in order to have the grass brush along the bottom of the baby's feet. This is done in order to teach the child about walking.

It is important that a child begin to walk before its first birthday. Parents will often spank their child if it has not walked by then. They cite as evidence that the spanking works the fact that their children will walk shortly after this is done.

Protection from the Evil Eye and Other Harm

Infants are considered especially vulnerable to the "evil eye" *(ogri aye)*. The evil eye is expressed in general listlessness or unresponsiveness in an infant. It comes from others looking at the baby. It is not necessarily evil intent in a gaze as much as jealousy and envy from admirers because the baby is so attractive. When infants are taken out on the streets they are generally wrapped in a blanket and their head is covered in a knitted cap despite the beating of a hot tropical sun. This protects the child from the gaze of others. As added protection, laundry bluing, is used to wash the baby and a protective streak of bluing is put across the navel and behind the ears while a dot of bluing is put on the forehead. This practice is not unique to the Creole and many infants from the most populous ethnic groups in the city carry a blue dot on their forehead

Children are also protected from harm by *tapu* or charms that may be worn about the neck or waist and sometimes under the arm. Other *tapu* are put in bottles. Some of these are hung from the rafters of the house and others can be seen sticking partway out of the ground where they were buried in

the yard. These *tapu* are especially important if a child is taken to the markets. The markets are considered full of spirits and other metaphysical beings that are being used by different individuals to sell their wares. One woman who has become very well off selling ginger beer in the market place (a spicy drink made of ginger root), is reputed to have an especially powerful *bakru* working for her to get people to buy her drink. These and other beings may harm children since because of their youth children are especially succeptible to the spirit world. If a child wears a *tapu* the charm can help protect against these harmful influences.

When a child is first brought home from the hospital, it may have a little congestion and make a rasping noise when it breaths. This is treated by putting some rum soaked cotton over the *blo-presi* (the "breathing place" or anterior fontanelle). Informants stated that the baby breaths from the *blo-presi* and the mouth until it begins to mature. (Others countered this view, stating that what looked like breathing was really the blood pulsing through a vein). The fact that the infants breathing clears up several days after being treated in this manner is offered as evidence that the rum soaked cotton helps.

Infant Feeding

When asked if they planned on breastfeeding or bottle feeding their child all of the women in the postpartum sample responded that they planned on doing both. However, this

response does not mean that women will alternate between both methods for a long period of time. They are required to breastfeed while in the hospital and the medical staff encourages that the women breastfeed. Breastfeeding is discouraged by Creole women and their families. They tend to view it as "Javanese" and not sophisticated. If women were questioned beyond their response of "both" they generally only plan on breastfeeding the child for a month or so. All of the women plan on starting with a bottle within the first few weeks of life and introducing solid foods within the first few months. They do this, they say, because they do not want to have sagging breasts or because it is "good for the baby". The role of the grandmother in the care of the baby may play a role in opting for bottle feeding.

It generally does not cost much for most of the available infant foods. There are several canned formulas brought in from the United States that are expensive but most women buy a *pap* in the market or make one themselves. *Pap* is a term used for several products fed to babies in their bottles. They are made from dried produce that is ground into a flour and mixed with water. The most common one is made of cassava. The cassava is grated and then put into a *matapi* (a long wicker container that will become narrower when it is stretched). The *matapi* is hung from the rafters and a heavy stick is attached to the bottom. The water is squeezed out this way and the remaining product is dried over a fire. This is broken and sold in large pieces in the

market. Women will buy this and grate it into a powder that
is made into infant food. Banana meal is also popular.
Occasionally rice water and other products are also given to
the baby to eat.

Infant Mortality

Some babies do not survive birth. Others are born
healthy but fall victim to disease and illness shortly after
the birth. Infant mortality has dramatically declined in
Suriname in the last year that records are available but it
is unknown if this trend has continued beyond 1987. (table
30 gives an overview of stillbirths and infant deaths).

Table 30
Still Births* and Infant Deaths**

Year	Infant Deaths***	Stillbirths****
1981	26.6 (2.7%)	111 (1.1%)
1982	26.7 (2.7%)	129 (1.2%)
1983	25.1 (2.5%)	154 (1.3%)
1984	27.4 (2.7%)	135 (1.2%)
1985	26.8 (2.7%)	152 (1.3%)
1986	26.5 (2.7%)	114 (1.1%)
1987	17.6 (1.8%)	86 (0.9%)

*Still Births are totals per 1000 births.

**Infant Deaths are totals per 1000 live births

***Infant deaths includes all deaths from 7 days old to one
year old.

****This figure includes all children who die up to 7 days
after birth. Often babies who are born dead or who are
born anencephalic and are clearly going to die are never
given a number or registered in the books.

Source: Suriname Department of Public Health Statistics
Office.

Infant Diarrhea

The second major cause of death in Suriname is death during the perinatal period and diarrhea is the major cause of infant deaths.[7] In 1989 20-30% of all visits to the clinic for infants were as a result of diarrhea and from 1985-1986 deaths due to diarrhea were 11% of all infant deaths (Krishnadath and Caffé 1991). There has been a recent recognition that diarrhea levels are much higher during the major rainy season (April-August) than during the major dry season (August-December). This appears to be connected to toilet facilities (Krishnadath and Caffé 1991). Creole folk knowledge indicates that this connection has been understood for some time. They say that if one indiscriminately defecates around the yard the Spirits of the Ground *(Gron Winti)* will become angry and make one sick. Children are especially likely to become the targets of these spirits.

Infant Funerals

When a baby does die it is considered a tragedy but the death is treated differently than other deaths. Herskovits (1936:38) noted in his observations that funerals are not held for babies and if a woman dies in childbirth only a small wake is held by a few close relatives.[8] Currently funerals are occasionally held for stillborn infants or, more commonly, infants that die soon after birth. But infant funerals differ from those of adults.

Only a few family members will come to an infants
funeral. Informants said that this is because the child did
not have any friends. The deaths of children are not
announced in the paper or on radio. *Dede oso* and *ayti dey*
ceremonies are dispensed with in infant deaths. (These are
special events held, in part, to "send off" the *yorka* or
spirit of the dead so that it will not come back to bother
the family) It is also very difficult to find a monument in
a cemetery that has been set up in memory of an infant.

Birth Anniversaries

Birthdays are important events. Parents are
congratulated on the birthday for "keeping the child alive"
another year. The person celebrating the birthday is also
congratulated for surviving another year and offered gifts of
flowers. Food is prepared for a lot of people and everyone
gathers around to talk and socialize. These events become
even more important as a person starts to have children of
their own and reaches specific stages in their life.[9]

Summary

During the postpartum period, a mother's proper
recovery is of central concern. The family assists her in
bathing and binds her tightly each day until she does not
bleed any more. The child is also cared for by bathing and
feeding. Most women do not breastfeed but this makes it
easier for the grandmother or other care givers to assist in

watching the baby. If the child dies little effort is placed in funerals or monuments, and yet each birthday is a celebration of the survival of the child. Fathers can be involved in the postpartum cleansing and are generally involved in introducing the child to its world.

---

[1]Montagu (1961), Gould (1977), Trevethan (1987), and others have suggested that the human gestation period is actually approximately 18 months, but the fetus must be delivered half way through that period in order to be born at all because of the restriction placed on neonatal cranial size by the narrow bipedal pelvis. They argue that if the gestation period for humans is extended for 6-9 months then we are more in line with some of the developmental stages of other animals.

[2]In order to "bring in" her milk a woman may drink a distillation of *kumbu* seeds. *Kumbu* seeds have a white liquid in the center. The white liquid is said to help give a woman breast milk. She should drink this for three months or "as long as she nurses the baby." Women will also drink a distillation of *podoseri*. *Podoseri* is said to be the same as *kumbu* only it has a red center and is drunk to thicken ones blood and restore the blood that was lost during delivery. As soon as a woman comes home, her family should also have a cup of cocoa or soup for her to drink.

[3]Javanese women will also bind themselves but they weave the cloth and braid it up their abdomen. Creole women will wind the cloth flat around the body. Some women mentioned the type of binding that the other group used as the one they had used. This indicates that there is some borrowing of practices by these women.

[4]*Pedreku* fits under the genus *Xylopia* but it evidently has not been described as a specific species.

[5]Florida water is a flower scented water that is sold in bottles at most stores in the city.

[6]Those in the city have another name for *alata tere*.

[7]The ten major causes of death in Suriname for 1981 are:

Ten major Causes of Death, 1981*

	Male	Female	Total	Percent
1. All heart ailments	153	12	274	12.9
2. Perinatal Deaths	129	89	218	10.3
3. Strokes	80	93	173	8.2
4. Cancer	85	83	168	7.9
5. Accidents	102	39	141	6.7
6. Lung Congestion (influenza,etc.).	79	56	135	6.4

7. Digestive Tract Illness	72	44	116	5.5
8. Arterial Sclerosis	32	54	86	4.1
9. Gastroentritis (diarrhea, etc.)	35	41	76	3.6
10. Suicide	33	19	52	2.5

*Limited to those deaths where a certificate was filled out (2,117 or 86.7% of the total deaths for 1981.

Source: Department of Public Health, Suriname (Suriname in Cijfers 154, 1985).

[8]Informants state that the reason fewer people probably attended the funeral of a woman who died in childbirth was because she was younger than most who die and had fewer friends.

[9]When a person starts having children of their own every fifth birthday is especially noted and as a person gets older these events become extremely important. When a person is 60 or 65 they will hold a *bigipoku*. This celebration is a big event and children who have left Suriname will fly in from the Netherlands to be at the event while the rest of the family also gathers for the occasion. There are variations on how it is celebrated but typically it will consist of a big dance all evening where the best food and drink is given to everyone who attends until they have their fill. The band will sing traditional songs (both *Winti* and Christian) and occasionally popular songs as well. Late in the evening *Winti* possessions may also take place. If these events are not held on the actual day of birth then another gathering may take place where a smaller group of people will come together to talk and eat. Even when these separate celebrations are held, on the actual day of birth a brass band will come to play hymns and traditional songs at a sunrise service made up of family members and very close friends. The most important emphasis of these events is that the person being honored managed to survive until that point in their lives and, especially for the *bigipoku*, has reached old age--an honorable and sacred position.

CHAPTER 10
SUMMARY AND CONCLUSIONS

Summary

The question posed in chapter one--how is a relationship outside of legal marriage recognized as having social approval while other non-legal relationships may not have similar approval?--was examined for the Creole population of greater Paramaribo. It appears that in the case of the Creole there are two ways in which a relationship may be legitimized outside of legal marriage. In some rural pockets of greater Paramaribo consensual unions are still legitimized by the practice of *set lobi*, a ritual similar to one found in Western Africa where the fathers of the couple will get together and share a drink. However, this ritual is no longer practiced by most Creole. They generally rely instead on public knowledge that they live in the same house as a means of making their relationship legitimate. Members of extra-residential unions by definition do not share the same house and therefore do not have the same clear public indication of their relationship that members of consensual unions enjoy. Extra-residential unions, in order to be legitimate, are preceded by consent of the parents of both members of the relationship as is the case for consensual unions.[1] As others observe that the relationship is open and

not carried out illicitly (i.e. in secret) the relationship gains the approval of the community. These relationships generally evolve into consensual unions when housing is available or when a child is born by the couple.

Unions that do not have public approval are those that are carried on without the knowledge of an important third party (i.e. mother, wife, boyfriend, or others). One possible exception to this, pointed out in the text, is the case of a pregnant woman establishing a union with a man while the child's father is away. Since this behavior is still occasionally considered in the best interest of the child's physical development and health it is accompanied with less public outcry or disdain when discovered but even these types of relationships are not completely acceptable. Interracial unions may also be considered improper. Especially if it is between a Hindustani and Creole. Children born of such relationships are known as *dogla* while any child born of a "mixed" relationship may occasionally be called *basra* or "bastard." This concept tends to exemplify the notion held in many other societies that relationships with certain classes of individuals may enhance or deter claims to legitimacy.[2]

The second question posed at the outset—how does public acknowledgement of paternity take place and what is accepted as valid evidence of paternity?—can also be answered on different levels for Creoles in greater Paramaribo. In a legal marriage, acknowledgement of paternity is not necessary

since children are automatically assumed to be fathered by the husband. Legitimization through legal registration is also possible in Suriname and occurs frequently. Generally children born of consensual unions are legitimized by their fathers. Those children born in extra-residential unions are not as commonly legitimized legally but there are still opportunities for the father of the child to acknowledge paternity publicly and legitimize a child socially. One way to do this is through sicknesses that a man may get as he "helps" a woman with her pregnancy. If a man gets sick this supports the belief of others that he is the father of the child. During pregnancy the community may be made aware of a child's father through the continued visits of the father filling his expected role in contributing to the growth and development of his child during gestation. The father is also expected to join the rest of the community in giving a pregnant woman the things she wants to eat in order to insure the child's health and survival. As he goes to the market place to buy things for a woman to eat, and especially *pemba* which is often eaten every day, others begin to assume he is buying the goods for a pregnant woman and he is the father of her child. *Trefu*, or food taboos, are also inherited from the father and so knowing the origins of a child's *trefu* helps to strengthen claims of paternity. Perhaps the most significant and direct means of acknowledging paternity is during the treatment for *fyo-fyo*, a spiritual illness. A man must promise to help support a woman and the expected child

235

and he confesses his faults in not taking the
responsibilities of fatherhood upon himself as expected.
These various beliefs can be brought to bear to support a
woman's specific claims that a man is the father of her
child. Furthermore, they might serve to strengthen the
involvement of the man later on during delivery and in caring
for the child.

During the delivery of his child, a Creole man does not
come into the delivery room and rarely waits outside with the
family; but, although not at the birth, he may be at home
experiencing "pains" that "help" the woman through the
delivery. If a man goes through this process, it strengthens
the consensus that he is the child's father. It also
improves a woman's claim to his support for the child.
Father's can also be involved in the postpartum cleansing of
a woman and are generally involved in introducing the child
to the world. If a father acknowledges his paternity of a
child, and the community accepts his role in the conception,
then it is viewed as his responsibility to provide for that
child by contributing money and goods to the mother.

Implications for Understanding Events in Suriname

An awareness of the importance of the acknowledgement
of paternity in Suriname increases our understanding of some
otherwise difficult to explain behaviors. For example, the
high rate of abortions found among Creole women coupled with
the absence of these same women choosing postpartum

sterilization—except when married—may, on the surface, seem incongruous. Do women want to have children or do they not want to have children? The answer to this question is that circumstances dictate whether a child is wanted or not and the father's willingness to acknowledge paternity can be an important component in the unfolding of events. Women agree that it is much better for a child to be born with a recognized father than if this is not the case. And reasons given for aborting generally revolved around problems in relationships. The desirability of having a father was illustrated in two messages in front of a house in *friman gron* (a city neighborhood occupied by the Creole population since before emancipation when freed slaves lived in the same area). A woman had written neatly in the packed earth with the end of a stick *de kinderen huilen voor een vader* and *de kinderen hebben honger voor een vader* which mean respectively "the children cry for a father" and "the children hunger for a father" (a pun meaning either the children desire a father or they are literally hungry because they do not have a father). This women was not unusual in blaming the problems of her children on an absence of a father and similar feelings were expressed by others.[3]

Non-Creole Surinamers occasionally misunderstand the actions of Creole women who realize they are left completely responsible for a child with few means to care for it. This is illustrated in the comparison of two separate events that

occurred in the same week and the response each event received by some Surinamers.

While doing research at the public hospital, I arrived one day to find everyone looking very concerned and discussing something in tense, hushed tones. The previous afternoon someone walked in and stole a baby from one of the cribs. No one could remember anything like this ever happening in Suriname before and everyone was clearly upset by the event. The kidnaping became a front page story in the newspaper along with a picture of the grieving husband and wife--a young Hindustani couple. The hospital recovery room supervisor, a Hindustani woman, complained that everyone was saying they suspected a Hindustani woman of having taken the child when no one really knew who took it and she thought such accusations were unfair. Several days later the kidnaper was found, it was a young Hindustani nursing student who had taken the child to give to her brother and his wife since they apparently could not have children.

About a week after this event a couple of individuals brought a newspaper article to my attention. It was a short article, with few details published in the back of the paper, about a woman who had killed her own child shortly after it was born. The two Javanese women who mentioned the article asked "Did you read in the paper about the Creole woman who killed her baby?" They mentioned it had happened a number of times before because the mothers could not take care of the child. Despite their statements the article did not mention

the ethnicity of the woman or why the child was killed. That information was assumed by the women who mentioned the article. The trial or punishment of the mother for her "crime" was never mentioned in the papers.

It is significant in regards to these two events, as well as various other discussions, that Surinamers tend to perceive Hindustani women as wanting children and Creole women as not wanting children. In the hospital sample there was little difference in the number of children delivered by Creole women and Hindustani women, although Maroon women tended to have larger families than any other group in the sample. The similarity between birth rates among Creole women and Hindustani women indicate that the higher number of reported abortions by Creole women may not be indications that Creole women do not want children, or not even necessarily desire fewer children than they already have, as much as that it is important to them that men acknowledge paternity and give the expected support for raising the child. This public recognition of paternity makes the child legitimate in the sense of a social contract. If a father recognizes a child as his he is responsible for behaving towards that child as he would towards any of his other children.

Implications for Caribbean Society

The concept of legitimacy in Suriname and its realization in the public acknowledgement of paternity also

increases understanding of Caribbean societies in general. The portrayal of Slater (1977) that there is no concept of legitimacy in Martinique, a statement which has been generalized to the Caribbean at large (e.g. Halberstein 1986), does not apply in the case of Suriname. Slater, as cited in chapter two, recognized that legitimization takes place in Martinique. But she did not attempt to deal with how this fact might influence her assertion that there is no legitimacy in the Caribbean. If Martinique is the same as Suriname (i.e. most legitimization takes place in consensual unions), Slater's argument that legitimacy is only a concept of the upper echelons of society and not applicable to most of the Afro-Caribbean is not valid.

The consensual unions where legitimization takes place may, in fact, be characterized as a type of marriage, although operating on a different level than what has historically been considered marriage in Caribbean research. If this is the case, then Goode's (1966b) assertion that the Caribbean represents a geographic region where Malinowski's principle of legitimacy does not completely apply needs to be reconsidered. Goode (1966b:172-173) views the Caribbean region as one where mothers get angry with daughters who get pregnant outside of marriage but it still continually happens since "complete acceptance of Western standards" has failed to take place leading to "incomplete socialization." If legitimacy is not narrowly defined in the Caribbean to operate the same as in "Western" societies (i.e. the European

countries which controlled the Caribbean region), but instead
is looked at in the context of a broader cross-cultural
perspective (with possibly a different concept of marriage),
then it appears that legitimacy is very important in the
Caribbean. This legitimacy is not achieved by legal means
but instead by a social contract. Such a contract includes
public acknowledgement of paternity and recognition of the
responsibilities that paternity brings. Understanding
legitimacy in Suriname and the Caribbean also increases our
understanding of legitimacy in general.

Implications for Understanding the Concept of Legitimacy

If we return to the definition of legitimacy given in
chapter one--that a child is legitimate when it is born from
a union that is socially approved and it receives public
acknowledgement of paternity, it is evident in the case of
Suriname that a socially approved union is also one that is
public and open. It is also evident that public
acknowledgement of paternity need not be a verbal statement
to the fact but can be participation in ritual or other
activities in the father role. If legitimacy is viewed in
these terms, Malinowski's "principle" continues to hold true,
although it would not if only "legal" marriage were
considered as he originally defined the principle. Since the
concept and importance of legitimacy do seem to be found in
every society it demands an explanation. However, such an

attempt is beyond the scope of this work and a large project in and of itself.

The perspective that legitimacy may have a base other than a legal one can be applied to our understanding of other societies as well. Most of the research on legitimacy/illegitimacy has been carried out in the United States. Since those doing the research have used the American legal definition of illegitimate being synonymous with "born outside of marriage" this has influenced all the research and results. This is especially important since most "illegitimacy" occurs in minority groups and other specific segments of the population (Roberts 1966). It is possible that legitimization may be carried out on an entirely different level and based on social contracts rather than legal ones.

Although Malinowski's original conception of legitimacy did view the mothers of illegitimate children as likely to lose status in society, it is not clear how much the mother is "disesteemed" (Davis 1966:79) or "stigmatized" (Goode 1966a:47) by illegitimacy. Goode's (1966a:52) assertion that "the parental anger aroused by a clandestine pregnancy will not be repeated when the girl has entered a consensual union" can be simply explained by the fact that the clandestine pregnancy was illegitimate and the consensual union was not.

If legitimacy provides the foundation for parenthood and parenthood is the basis of social structure as Malinowski

(1930) claimed, then the importance of expanding and refining

our understanding of the concept of legitimacy is central to

developing an understanding of society and the social

structure. This examination has worked towards furthering

that goal.

---

[1]The parents of the woman, and especially her mother, are most important in this agreement process; and she, at least, must be aware of the relationship and have met the man in order for the union to have an air of legitimacy.

[2]Unions between Javanese and Creole individuals are generally considered more acceptable, while unions between Creole and Maroon Surinamers have always been considered completely acceptable.

[3]It is not my intention to explore whether these feelings were justified or not but rather to understand the nature of these feelings and why women express them the way they do.

REFERENCES

Acsadi, G.
  1976 Traditional Birth Control Methods in Yorubaland. *In*
    Culture, Natality, and Family Planning. J.F. Marshall and
    S. Polgar, eds. Pp.126-155. Chapel Hill: University of
    North Carolina.

Alexander, J.
  1977 The Role of the Male in the Middle-Class Jamaican
    Family: A Comparative Perspective. Journal of
    Comparative Family Studies 8:369-389.

Alleyne, Mervyn C.
  1985 A Linguistic Perspective on the Caribbean. *In*
    Caribbean Contours. Sidney W. Mintz and Sally Price, eds.
    Pp.155-180. Baltimore: Johns Hopkins University Press.

Allman, James
  1985 Conjugal Unions in Rural and Urban Haiti. Social and
    Economic Studies 34:27-58.

Babb, S.P.
  n.d. Een Studie Naar de Seksualiteits Beleving van Enige
    Surinaamse Mannen en Vrouwen. Licentiaats Scriptie.
    Paramaribo: Anton de Kom Universiteit van Suriname.

Barrow, Christine
  1986 Anthropology, the Family, and Women in the Caribbean.
    In Gender in Caribbean Development. C. Barrow, ed.
    Pp.156-169. Mona, Jamaica: University of the West Indies.

Blumberg, B.S.
  1972 Comparison of Progeny of Mothers with and without
    Australia Antigen. Human Biology. 44: 489-500.

Blumberg, B.S., Sutnick, A.I., London, W.T. and Melartin, L.
  1972 Sex Distribution of Australia Antigen. Archives of
    Internal Medicine. 130: 227-231.

Bohannan, Laura
  1949 Dahomean Marriage: A Revaluation. Africa 19:273-287.

Boone, Margaret S.
  1988 Support for Pregnancy and Childbearing Among
    Disadvantaged Blacks in an American Inner City. *In*
    Childbirth in America: Anthropological Perspectives.
    Karen Michaelson, ed. Pp.66-78. South Hadley, Mass.:
    Bergin and Garvey Publishers.

Brana-Shute, Gary
   1974   Street Corner Winkels and Dispersed Households: Male
      Adaptation to Marginality in a Lower Class Creole
      Neighborhood in Paramaribo. Dissertation, University of
      Florida, Gainesville.

   1979   On the Corner: Male Social Life in a Paramaribo
      Creole Neighborhood. Assen, Netherlands: van Gorcum.

   1990   Resistance and Rebellion in Suriname: Old and New.
      Williamsburg, Virginia: College of William and Mary.

Brana-Shute, Rosemary
   1985   The Manumission of Slaves in Suriname, 1760-1828.
      Dissertation: University of Florida, Gainesville.

Broadber, Erna
   1974   Abandonment of Children in Jamaica.   Mona, Jamaica:
      University of the West Indies.

Bubberman, F.C.
   1972   Stenen Schrijven Gechiedenis.   Surinaamse Mesea
      Mededeling No. 9. Paramaribo: Surinaamse Mesea.

Buckley, Anthony D.
   1976   The Secret: an Idea in Yoruba Medicinal Thought. *In*
      Social Anthropology and Medicine. Loudon, ed. Pp. 23-61.
      London: Academic Press.

   1985a   The God of Small Pox: Aspects of Yoruba Religious
      Knowledge. Africa 55(2): 312-338.

   1985b   Yoruba Medicine.   Oxford: Clarendon Press.

Buschkens, Willem F.L.
   1974   The Family System of the Paramaribo Creoles.   The
      Hague: Martinus Nijhoff.

Caffe, Sonja A.
   1985   Sociaal-Medische Voorzieningen voor Zwangere Tieners
      in Suriname: Een Evaluatie-Onderzoek. Paramaribo:
      Nationaal Buro voor de Vrouw.

Calder, Ritchie
   1958   Medicine and Man: The Story of the Art and Science of
      Healing. New York: New American Library of World
      Literature, Inc.

Clarke, Edith
   1966   My Mother Who Fathered Me: A Study of the Family in
      Three Selected Communities in Jamaica. London: George
      Allen and Unwin.

Cohen, Robert
   1991   Jews in Another Environment: Surinam in the Second
      Half of the Eighteenth Century. New York: E.J. Brill.

Craton, Michael
   1976   Death, Disease and Medicine on Jamaican Slave
      Plantations; the Example of Worthy Park, 1767-1838.
      Social History 9:237-255.

Davenport, William
   1968   The Family System of Jamaica.   *In* Marriage, Family,
      and Residence.   P. Bohannan and J. Middleton, ed. Garden
      City, N.Y.: The Natural History Press.

Davis, Kingsley
   1939   Illegitimacy and the Social Structure.   The American
      Journal of Sociology 40:215-223.

Dawson, Warren
   1929   The Custom of Couvade.   Manchester, Eng.: Manchester
      University Press.

De Beet, Chris and Miriam Sterman
   1978   Male Absenteeism and Nutrition: Factors Affecting
      Fertility in Matawai Bush Negro Society. Niewe West-
      Indische Gids 3/4:131-163.

De Drie, Aleks and Trudi Guda
   1984   Wan tori fu Mi Eygisrefi. Paramaribo: Ministerie van
      Onderwijs, Wetenschappen, en Cultuur.

   1985   Sye! Arki Tori! Paramaribo: Ministerie van Onderwijs,
      Wetenschappen en Cultuur.

De Waal-Malefit, Anne Marie and Marcia Helleman
   1973   Aruban Mating Partners.   *In* The Family in the
      Caribbean.   S.N. Gerber, ed.   Pp.107-119.   Rio Piedras:
      University of Puerto Rico.

Dew, Edward
   1978   The Difficult Flowering of Suriname: Ethnicity and
      Politics in a Plural Society. The Hague: Martinus
      Nijhoff.

De Ware Tijd
   1991 Boete Voor Verspreidster Aids-Briefjes. De Ware Tijd
      34(7880):11.

Diepraam Willem
   1978   The Dutch Caribbean: Foto's Uit Suriname en de
      Nederlands Antillen. Amsterdam: De Arbeiders Pers.

Dirks, Robert
    1987 The Black Saturnalia: Conflict and its Ritual
      Expression on British West Indian Slave Plantations.
      Gainesville: University of Florida Press.

Dirks, Robert and Virginia Kearns
    1976 Mating Patterns and Adaptive Change in Rum Bay 1823-
      1970. Social and Economic Studies 25:34-54.

Dougherty, Molly
    1978 Becoming a Woman in Rural Black Culture. New York:
      Holt, Rinehart, and Winston.

Du Cossen, Dany
    1976 Reflections on the Family in Guadeloupe. Perspective
      Psychiatriques 55:53-61.

Durant-Gonzalez, Victoria
    1982 The Realm of Female Responsibility. *In* Women and the
      Family. J. Massiah, ed. Pp.1-27. Cave Hill: University
      of the West Indies.

Ebanks, George E.
    1973 Fertility, Union Status and Partners. International
      Journal of Sociology of the Family 3:48-60.

Ebanks, G.E., P.M. George, and C.E. Nobbe
    1974 Patterns of Sex-Union Formation in Barbados. Canadian
      Review of Sociology and Anthropology 11:230-246.

Engkaar, Y.S.
    1989 Zwangerschap en Arbeid. Licentiaats Scriptie.
      Paramaribo: Anton de Kom Universiteit.

Essed, F.E. and F.R. Frijmersun
    1989 Rapport Inzake Armoede in Suriname. Paramaribo.

Essed, Hugo A.M.
    1984 De Binnenlandse Oorlog in Suriname, 1613-1793.
      Paramaribo: Anton de Kom Universiteit van Suriname.

Evans-Pritchard, E.E.
    1951 Kinship and Marriage Among the Nuer. Oxford:
      Clarendon Press.

Fortune, Reo
    1932 Sorcerers of Dobu. New York: E.P. Dutton and
      Company.

Fischer, H.T.
    1952 Polyandry. International Archives of Ethnography 46:
      106-115.

247

Fischer, J., A. Fischer, and F. Mahony
   1979 Totemism and Allergy. *In* Culture, Disease, and
      Healing: Studies in Medical Anthropology. D. Landy, ed.
      Pp.154-160. New York: Macmillan Publishing Co., Inc.

Flinn, Mark V.
   1986 Correlates of Reproductive Success in a Caribbean
      Village. Human Ecology 14:225-246.

Fortes, Meyer
   1969 Kinship and the Social Order. Chicago: Aldine
      Publishing Company.

Frazier, E. Franklin
   1965 The Negro Family in the United States. Chicago:
      University of Chicago Press.

French, Howard W.
   1990 In Suriname's Racial Jumble, A Quest for Identity.
      New York Times 140(48,397):A4.

Gardiner, Richard and A. Podolefsky
   1977 Some Further Considerations on West Indian Conjugal
      Patterns. Ethnology 16:299-308.

Geertz, Clifford
   1973 The Interpretation of Cultures. New York: Basic
      Books.

George, P.M., G. Edward Ebanks, and Charles E. Nobbe
   1978 Role Perception and Performance in Lower-Class Black
      Men and Women of Barbados and Their Contraceptive
      Behavior. *In* Population Studies in Developing Nations.
      K.L. Bhownik, ed. Pp.161-176. Calcutta: Institute of
      Social Studies.

Gonzales, Nancie L. Solien
   1969 Black Carib Household Structure: A Study of Migration
      and Modernization. Seattle: University of Washington
      Press.

Goode, William J.
   1960 Illegitimacy in the Caribbean Social Structure. The
      American Sociological Review 25:21-30.

   1966 Illegitimacy, Anomie, and Cultural Penetration. *In*
      The Unwed Mother. R. Roberts, ed. Pp.158-191. New York:
      Harper and Row.

Gough, Kathleen
   1952 Changing Kinship Usages in the Setting of Political
      and Economic Change Among the Nayars of Malabar. Journal
      of the Royal Anthropological Institute 52:71-88.

1955   The Traditional Lineage and Kinship Systems of the
       Nayar. Cambridge, Eng.: Hadden Library, unpublished ms.

1968   The Nayars and the Definition of Marriage. *In*
       Marriage, Family, and Residence. P. Bohannan and J.
       Middleton, eds. Pp.49-72. Garden City, N.Y.: The Natural
       History Press.

Gould, Steven J.
  1977 Ontogeny and Phylogeny. Cambridge, MA: Harvard
        University Press.

Gregory, Howard
  1985 Paternity and Identity in Jamaica: an Eriksoninan
        Perspective. Caribbean Journal of Religious Studies 6:1-
        28.

Grot, Romeo
  1987 Georgette, Mi Lobi. Paramaribo: Alberga N.V.

Guide to American Law (The)
  1984 The Guide to American Law. St. Paul, Minn.: West
        Publishing Company.

Halberstein, R.A.
  1986 Household Structure and Fertility in the Caribbean.
        Journal of Caribbean Studies 5:219-232.

Hall, Edward T.
  1959 The Silent Language. Greenwich, Conn.: Fawcett
        Publications.
  1969 The Hidden Dimension. Garden City, N.Y.: Doubleday.

Hammen, C.P. and W.R. Sedney-Nirhoe
  1989 Tienerzwangerschap en Tienerbevalling: Sociaal en
        Medisch. Anton de Kom Universiteit van Suriname,
        Paramaribo.

Harewood, Jack
  1984 Mating and Fertility Results from Three WFS Surveys
        in Guyana, Jamaica and Trinidad and Tobago. Voorburg,
        Netherlands: International Statistical Institute.

Health Conditions in the Americas
  1990 Health Conditions in the Americas. Washington, D.C.:
        Pan American Health Organization.

Henriques, F.M.
  1953 Family and Color in Jamaica. London: Eyre and
        Spottiswoode.

Herskovits, Melville J.
  1936 Suriname Folklore. New York: Columbia University
        Press.

1937   Life in a Haitian Valley.   New York: Alfred A. Knopf.

Herskovits, Melville and Francis Herskovits
  1947   Trinidad Village.   New York: Alfred A. Knopf.

Hochstein, G.
  1968   Pica: A Study in Medical and Anthropological
     Explanation. *In* Essays on Medical Anthropology. T.
     Weaver, ed. Pp. 88-96. Southern Anthropological Society
     Proceedings, No. 1.

Hoetink, H.
  1971   Caribbean Race Relations.   London: Oxford University
     Press.

Houseman, Michael
  1988   Towards a Complex Model of Parenthood.   American
     Ethnologist 15:658-677.

Instructie voor het Collegium Medicum
  1784   Instructie voor het Collegium Medicum; Keuren en Taxa
     voor de Medicinae Doctores, Keuren en Taxa voor de
     Chirurgyns, Keuren voor de Apothecars en Keuren voor de
     Vroedvrouwen in de Colonie Suriname. Amsterdam: Gartman.

  1824   Instructie voor het Collegium Medicum; Reglementen
     voor de Medicinae Doctores, Chirurgyns, Vroedmeesters,
     Vroedvrouwen en Apothekers in de Kolonie Suriname.
     Amsterdam: Gouvernementsblad.

Jones, Robert
  1985   Mineral Licks: Geophagy, and Biogeochemistry of North
     American Ungulates.   Ames: Iowa State University Press.

Kloos, Peter
  1971   The Maroni River Caribs of Surinam.   Assen,
     Netherlands: Van Gorcum.

Kreiselman, M. J.
  1958   The Caribbean Family: A Case Study in Martinique.
     Ann Arbor, Mich.: University Microfilms.

Krishnadath, I. and S. Caffe
  1991   Case Management van Diarree in Huis. Paramaribo:
     Department of Public Health.

Krumeich, Anja
  1989   Ziektepreventie in een Karibendorp in Suriname.
     Bijdragen tot de Taal, Land, en Volkenkunde 145:72-86.

Laguerre, Michel
  1987   Afro-Caribbean Folk Medicine. South Hadley, Mass.:
     Bergin and Garvey Publishers, Inc.

Leach, E.R.
    1968 Polyandry, Inheritance and the Definition of
      Marriage, with Particular References to Sinhalese Custom
      Law. *In* Marriage, Family, and Residence. P. Bohannan
      and J. Middleton, eds. Pp.73-84. Garden City, N.Y.: The
      Natural History Press.

Leridon, H. and Y. Charbit
    1981 Patterns of Marital Unions and Fertility in
      Guadeloupe and Martinique. Population Studies 35:235-
      245.

Lewis, Gordon K.
    1985 The Contemporary Caribbean: A General Overview. *In*
      Caribbean Contours. Sidney W. Mintz and Sally Price, eds.
      Pp.219-250. Baltimore: Johns Hopkins University Press.

Lowenthal, Ira P.
    1984 Labor, Sexuality and the Conjugal Contract in Rural
      Haiti. *In* Haiti—Today and Tomorrow: An Interdisciplinary
      Study. Charles R. Foster and Albert Valdman, eds. New
      York: University Press of America.

Mair, Lucy
    1972 An Introduction to Social Anthropology. Oxford:
      Clarendon Press.

Malinowski, Bronislaw
    1927 The Father in Primitive Psychology. New York: W.W.
      Norton and Company.

    1929a Marriage. Encyclopedia Britannica 14: 940-950.

    1929b Kinship. Encyclopedia Britannica 13: 403-410.

    1930 Parenthood: The Basis of Social Structure. *In* The
      New Generation: The Intimate Probe of Modern Parents and
      Children. V.F. Calverton and Samuel D. Schmalhausen,
      eds. Pp.113-168. New York: Macaulay Co.

Manyoni, Joseph R.
    1977 Legitimacy and Illegitimacy: Misplaced Polarities in
      Caribbean Family Studies. Canadian Review of Sociology
      and Anthropology 14:417-427.

Marks, Arnaud F.
    1975 Family and Social Change in Curaçao. Leiden:
      Institute for Social and Cultural Studies.

Mckenzie, H. and Dorian L. Powell
    1975 The Status of Women in the Jamaican Family Structure.
      Background paper, International Women's Year Conference,
      Mexico, ms.

Mintz, Sidney and Sally Price, eds.
   1985   Caribbean Contours. Baltimore: Johns Hopkins
      University Press.

Mitrasing, F.E.M.
   1975   The Boarder Conflict Between Surinam and Guiana: A
      Legal Research. Paramaribo: C. Kersten and Co. N.V.

   n.d. Suriname: Land of Seven Peoples. Paramaribo: van den
      Boomen

Montagu, Ashley
   1937   Coming into Being Among Australian Aborigines.
      London: G. Routledge and Sons.

   1961   Neonatal and Infant Immaturity in Man. Journal of the
      American Medical Association 178:56-57.

Moses, Yolande T.
   1977   Female Status, the Family and Male Dominance in a
      West Indian Community. Signs 3:142-53.

Murray, Gerald F.
   1976   Women in Perdition: Ritual Fertility Control in
      Haiti. In Culture, Natality, and Family Planning. John F.
      Marshall and Steven Polgar, eds. Pp.295-321. Chapel Hill:
      University of North Carolina.

National Planning Office of Suriname
   1988   Suriname Planatlas. Washington, D.C.: Organization of
      American States.

Notes and Queries in Anthropology
   1951   Sixth Edition. London: Roulledge and Kegan Paul.

Olwig, Karen
   1977   Household Exchange and Social Reproduction: The
      Development of a Caribbean Society Dissertation:
      University of Minnesota.

Paige, Karen E. and Jeffery M. Paige
   1981   The Politics of Reproductive Ritual. Berkeley:
      University of California Press.

Pierce, Benjamin E.
   1971   Kinship and Residence Among the Urban Nengre of
      Surinam: A Reevaluation of Concepts and Theories of the
      Afro-American Family. Dissertation: Tulane University.

Pollard, F.C.R. and J. Wilburg
   1978   Female Organization in Squatter Settlement in Guyana.
      In Family and Kinship in Middle America and the

Caribbean. A.F. Marks and R.A. Römer, eds.Pp.431-445.
Leiden: Royal Institute of Linguistics and Anthropology.

Powell, Dorian L.
   1976 Female Labour Force Participation and Fertility: An
   Exploratory Study of Jamaican Women. Social and Economic
   Studies 25:234-256.

   1986 Caribbean Women and Their Response to Familial
   Experiences. Social and Economic Studies 35:83-130.

Price, Richard
   1976 The Guiana Maroons: A Historical and Bibliographical
   Introduction. Baltimore: Johns Hopkins University Press.

Price, Richard and Sally Price, ed.
   1988 Introduction. *In* Narrative of a Five Years Expedition
   Against the Revolted Negroes of Surinam: Transcribed for
   the First Time From the Original 1790 Manuscript. John
   Gabriel Stedman. Baltimore: Johns Hopkins University
   Press.

Price, Sally
   1984 Co-Wives and Calabashes. Ann Arbor: University of
   Michigan Press.

Pronk, B.
   1962 Verkenningen op het Gebied van de Criminaliteit in
   Suriname. The Hague, Netherlands: M. Nijhoff.

Rawlins, Joan
   1984 Parent-Daughter Interaction and Teenage Pregnancy in
   Jamaica. Journal of Comparative Family Studies 15:31-
   138.

Remy, A.
   1973 Some Reflections on Caribbean Anthropology with
   Special Reference to the Family. *In* The Family in the
   Caribbean. S.N. Gerber, ed. Pp.31-64. Rio Piedras:
   University of Puerto Rico.

Roberts, Robert, ed.
   1966 The Unwed Mother. New York: Harper and Row.

Roberts, George and Sonja Sinclair
   1978 Women in Jamaica: Patterns of Reproduction and
   Family. New York: KTO Press.

Rubenstein, Hymie
   1983 Caribbean Family and Household Organization: Some
   Conceptual Clarifications. Journal of Comparative Family
   Studies 14:120-142.

Sanford, Margaret
 1974 A Socialization in Ambiguity: Child-lending in a
    British West Indian Society. Ethnology 13:393-400.

Sarana, G.
 1968 Some Observations on the Definition of Marriage.
    Ethnos 33:159-167.

Simpson, George E.
 1942 Sexual and Familial Institutions in Northern Haiti.
    American Anthropologist 44:655-665.

Singer, Merrill, Lani Davison and Gina Gerdes
 1988 Culture, Critical Theory, and Reproductive Illness
    Behavior in Haiti. Medical Anthropology Quarterly. 2:370-
    385.

Slater, Mariam K.
 1977 The Caribbean Family: Legitimacy in Martinique. New
    York: St. Martin's Press.

Smith, Michael G.
 1966 Introduction. *In* My Mother Who Fathered Me: A Study of
    the Family in Three Selected Communities in Jamaica. by
    Edith Clark. London: George Allen and Unwin.

Smith, Raymond T.
 1956 The Negro Family in British Guiana: Family Structure
    and Social Status in the Villages. London: Routledge and
    Kegan Paul.

 1978 Class Differences in West Indian Kinship: A
    Genealogical Exploration. *In* Family and Kinship in
    Middle America and the Caribbean. A.F. Marks and R.A.
    Römer, eds. Pp.335-381. Leiden: Royal Institute of
    Linguistics and Anthropology.

 1988 Kinship and Class in the West Indies: A Genealogical
    Study of Jamaica and Guyana. Cambridge: Cambridge
    University Press.

Speckman, Johan D.
 1965 Marriage and Kinship Among the Indians in Surinam.
    Assen, Netherlands: Van Gorcum.

Spiro, Melford E.
 1954 Is the Family Universal? American Anthropologist
    56:839-846.

Staker, Mark
 1990 Fertility Illness in the Caribbean: An Argument for
    Using Emics and Etics to Refine Theory in Medical
    Anthropology. Paper presented to the Florida Academy of
    Sciences.

Stedman, John G.
  1796 Narrative of a Five Years' Expedition Against the
    Revolted Negroes of Surinam. London: J. Johnson
    Publisher.

Stoffle, R.W.
  1977a Family and Industry: Mate Selection and Family
    Formation Among Barbadian Industrial Workers.
    Revista/Review Interamerican 7:176-293.

  1977b Industrial Impact on Family Formation in Barbados,
    West Indies. Ethnology 16:253-267.

Suriname Department of Public Health Statistical Office
  1991 Unpublished Data Gathered from the Records of the
    Office.

Teichman, Jenny
  1978 The Meaning of Illegitimacy. Cambridge, Eng.:
    Englehardt Books.

Thoden van Velzen, H.U.E.
  1977 Bush Negro Regional Cults: A Materialist Explanation.
    In Regional Cults. Richard P. Werbner, ed. London:
    Academic Press.

  1978 The Origins of the *Gaan Gado* Movement of the Bush
    Negroes of Surinam. Nieuwe West-Indische Gids 52:81-130.

Thoden van Velzen, H.U.E. and W. van Wetering
  1975 On the Political Impact of a Prophetic Movement in
    Suriname. *In* W.E.A. van Beek and J.H. Scherer, eds.
    Explorations in the Anthropology of Religion: Essays in
    Honour of Jan van Baal. The Hague: Martinus Nijhoff.

  1982 Female Religious Responses to Male Prosperity in
    Turn-of-the-Century Bush Negro Societies. Nieuwe West-
    Indische Gids 56:43-68.

  1983 Affluence, Deprivation and the Flowering of Bush
    Negro Religious Movements. Bijdragen tot de Taal, Land,
    en Volkenkunde 139:99-139.

Trevethan, Wenda
  1981 Maternal Touch at First Contact with the Newborn
    Infant. Developmental Psychobiology 14:549-558.

  1982 Maternal Lateral Preference at First Contact with Her
    Newborn Infant. Birth 9:85-90.

  1983 Maternal *en face* Orientation During the First Hour
    After Birth. American Journal of Orthopsychiatry 53:92-
    99.

1987   Human Birth: An Evolutionary Perspective. New York:
       Aldine De Gruyter.

1988   Fetal Emergence Patterns in Evolutionary Perspective.
       American Anthropologist 90:674-681.

van Capelle, H.
   1916 Surinamsche Negervertellingen. Bijdragen tot de Taal,
         Land, en Volkenkunde van Nederlandse Indie 72:234-379.

van der Kuyp, E.
   1970 De Geschiedenis van de Verpleegkunde in Suriname. *In*
         Encyclopadië van Suriname. Pp.212-218. The Hague:
         Martinus Nijhoff.

van Kempen, Michiel, ed.
   1986 Nieuwe Surinaamse Verhalen. Paramaribo:
         Volksboekwinkel.

van Putten, Laddy and Janny Zantige
   1988 Let Them Talk: De Historische Ontwikkeling van de
         Kleding van de Creoolse Vrouw. Paramaribo: Mededelingen
         van het Surinaams Museum.

Voorhoeve, Jan
   1962 Sranan Syntax. Amsterdam: North-Holland Publishing
         Company.

Wagley, Charles
   1957 Plantation America: a Cultural Sphere. *In* Caribbean
         Studies: A Symposium. V. Rubin, ed. Seattle: University
         of Washington Press.

Whitehead, Tony
   1976 Men, Family, and Family Planning. Pittsburg, Penn.:
         Dissertation, University of Pittsburg.

Williams, Eric
   1984 From Columbus to Castro: The History of the
         Caribbean, 1492-1969. New York: Vintage Books.

Williams, S.J., N. Murthy, and G. Berggren
   1975 Conjugal Unions Among Rural Haitian Women. Journal
         of Marriage and the Family 37:1022-1031.

Williamson, Robert
   1924 The Social and Political Systems of Central
         Polynesia. Cambridge: Cambridge University Press.

Wilson, P.
   1971 Caribbean Crews: Peer Groups and male Society.
         Caribbean Studies 10:18-34.

Wooding, Charles
   1981 Evolving Culture: A Cross-Cultural Study of Suriname,
     West Africa, and the Caribbean. Washington, D.C.:
     University Press of America.

   1988 Afro-Surinamese Ethnopsychiatry: A Transcultural
     Approach. Paramaribo, Suriname: Self Published.
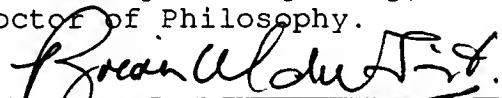
Wright, Robert E.and A.K. Maden
   1988 Union Stability and Fertility in Three Caribbean
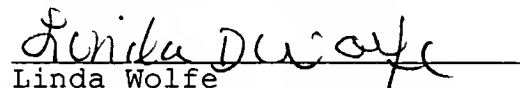   Societies. Journal of Biosocial Science 20:37-43.

BIOGRAPHICAL SKETCH

Mark Staker was born in Salt Lake City, Utah, on October 13, 1961. He received his B.A. in anthropology from Brigham Young University and did his undergraduate fieldwork at the Shiprock Community Health Center in New Mexico in conjunction with the Northwestern University Anthropology Fieldschool. His master's work was also completed at Brigham Young University at the D. M. Kennedy Center for International and Area Studies. The thesis was titled <u>The Influence of Child-Spacing on Infant Mortality Rates Among the Yoruba of Nigeria as Measured by the Postpartum Sexual Taboo</u>.

Mark is married to Kimberly Louise Staker. They are the parents of three children--Joshua, Anna, and Caleb.
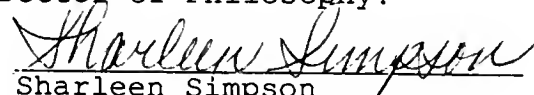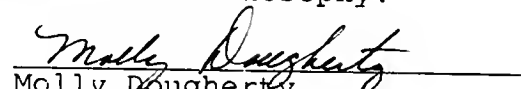
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

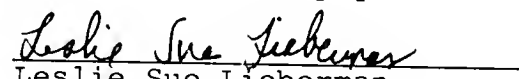Brian M. du Toit, Chair
Professor of Anthropology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Linda Wolfe
Professor of Anthropology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Sharleen Simpson
Associate Professor of Nursing

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Molly Dougherty
Professor of Nursing

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Leslie Sue Lieberman
Associate Professor of Anthropology

This dissertation was submitted to the Graduate Faculty of the Department of Anthropology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December, 1992

_____
Dean, Graduate School